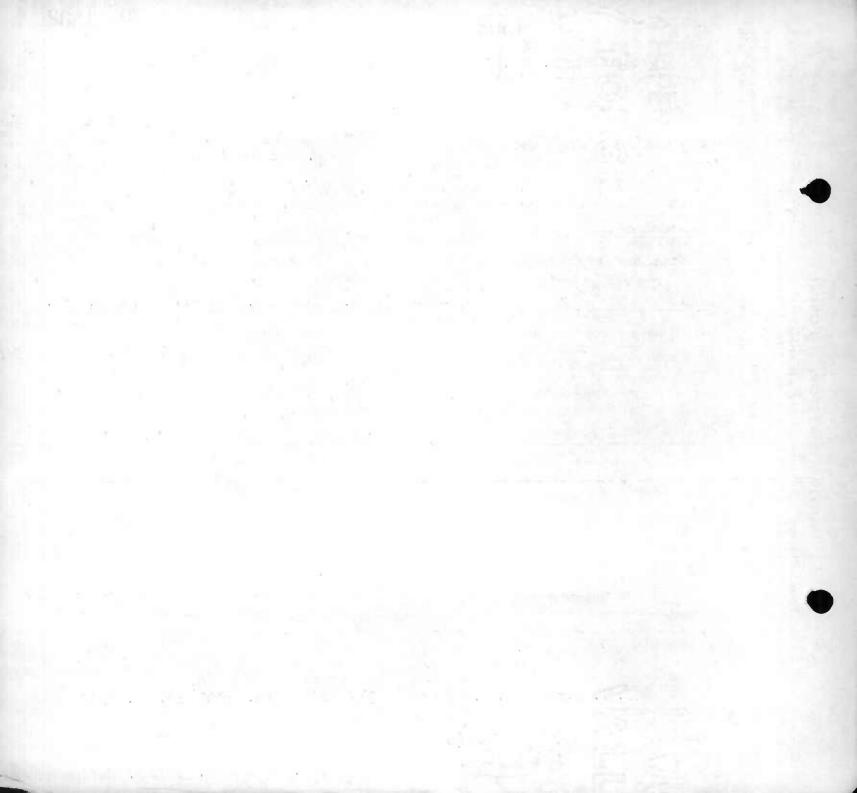
S. SEX S. RACE P. MARRIED DIVORCED
INAME OF DECEASED Type or Frint ATTENDISCH MARYLAND, WHERE PRONOUNCED DEAD S. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) MISTITUTION MISTITUTION MIDORET MARRIED MIDORED DIVORCED MIDORED DIVORCED MIDORED DIVORCED MIDORED DIVORCED MIDORED DIVORCED MIDORED MARYLAND, WHERE PRONOUNCED DEAD FULL NAME S. SEX S. SEX S. RACE MIDORED DIVORCED MIDORED DIVIDIOR DIVORCED MIDORED DIVORCE
3. PLACE IN BALTIMORE MARKLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceded Med. II institution: tosidence below: A, STATE 15. SEX 16. RACE 17. MARRIED 18. OUNTY 19. AGE (In years) 19. A
A STATE B. COUNTY ADDRESS OR LOCATION SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIV
ULL NAME OF ISENTIAL OR NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years H Under 1 Yi. H Und
ADDRESS OR LOCATION) SEX SEX
SEX 6. RACE 7. MARRIED TREVER MARRIED B. DATE OF BIRTH 9. AGE (in years H Under 1 Yi. III UNDER J. DIVERCED J. DIVORCED J.
SEX 6. RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. ADE (in years birthday) Months: Days Hours Months:
SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ADE (in years 11 Under 1 Yi. 11 Under
SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED 3.9. AGE (in years without bishiday) 11. Divorced 1.1. Divorced 1.1. Divorced 1.2. CITIZEN OF WHAT DIVORCED 1.2. CITIZEN OF WHAT DIVORCED 1.3. AUSUAL OCCUPATION (Give kind of work 10 B, kind of Business or Industry 11. Birthelace (sinde of foreign country) 12. CITIZEN OF WHAT DIVORCED 1.4. MOTHER'S MAIDEN NAME ATTOR WAS Deceased Ever in U. S. Armed Forces? 4. S. ADE CO. 14. MOTHER'S MAIDEN NAME Was Deceased Ever in U. S. Armed Forces? 4. S. ADE CO. 17. INFORMANT W. F. BUSSE ADDRESS es, no of unknown) (If yes, give wor or doles of service) 1.6. SOCIAL SECURITY NO. 213 - 03 - 3138
WIDOWED DIVORCED LANGE BOTTOM GIVEN KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM GIVEN KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM GIVEN KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM GIVEN KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM GIVEN KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM GIVEN KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM GIVEN KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM GIVEN KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM GIVEN KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM GIVEN KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM GIVEN WHAT DIVORCED LANGE BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (Side or foreign country) DIVORCED LANGE BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (SIDE OF BOTTOM HIP ACT INDUSTRY 11. BIRTHPLACE (SIDE OF BOTTOM HIP A
DIVORCED JUNE 23/93 557 DIVORCE SUBJECT OF DIVORCED JUNE 24/95 57 DIVORCED JUNE 23/93 57 DIV
AUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT AND ADDRESS OR LOCK IT refired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WOS Deceased Ever in U. S. Armod Forcas? 16. SOCIAL SECURITY NO. 17. INFORMANT WITH SECURITY NO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION (ast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH OF OPERATION [20A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [19A, AUTOPSY? (Yes or No!)] 20B, IF YES, WERE FINDINGS CONSIDERED [1
ATTO ENCRAVER AS ADEL CO. 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT WIFE 18. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE OF DEATH (B) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (C) COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION NOR ELATED TO THE TERMINAL DISEASE OR CONDITION SECONDARY (A) STORMAN (C) CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SECONDARY (A) STORMAN (C) CONDITIONS CONSIDERED TO THE TERMINAL DISEASE OR CONDITION SECONDARY (A) STORMAN (C) CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SECONDARY (A) STORMAN (C) CONDITION OF THE TERMINAL DISEASE OR CONDITION SECONDARY (A) STORMAN (C) CONDITION FOR WHICH OPERATION (C) CONDITION SECONDARY (C) STORMAN (C) CONDITION FOR WHICH OPERATION (C) CONDITION (C) CONSIDERED (C) CONDITION (C) CONDITION (C) CONSIDERED (C) CONDITION (C) COND
TER SCAME Was Deceased Ever in U. S. Armod Foicos? es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. SECURITY NO. SECURITY NO. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes nal mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoling the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION IN PART 1 (A). DISEASE OR CONDITION IN PART 1 (A). 14. MOTHER'S MAIDEN NAME 17. INFORMANT WITH SCONDITIONS SECURITY NO. 17. INFORMANT WITH SCONDITION SECURITY NO. 17. INFORMANT WITH SCONDITION SECURITY NO. 18. CAUSE OF DEATH CAUSE OF DEATH ANTHER'S MAIDEN NAME 19. INFORMANT WITH SCONDITIONS SECURITY NO. 19. DISEASE OR CONDITION SECURITY NO. 10. INFORMANT WITH SECURITY NO. 11. INFORMANT WITH SECURITY NO. 11. INFORMANT WITH SECURITY NO. 12. INFORMANT WITH SECURITY NO. 13. INFORMANT WITH SECURITY NO. 14. MOTHER'S MAIDEN NAME SECURITY NO. 15. INFORMANT WITH SECURITY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT WITH SECURITY NO. 17. INFORMANT WITH SECURITY NO. 18. INFORMANT WITH SECURITY NO. 18. INFORMANT WITH SECURITY NO. 19. INFORMANT W
Was Decessed Evel in U. S. Armod Foices? Was Decessed Evel in U. S. Armod Foices? Es, no or unknown) (If yes, give wor or doles of service) U. S. NAV I W. W. II DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION [20] asthenia, etc., and the obave couse (A) stoling the UNDERLYING CONDITION (ast.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 11 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). 120 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED (CONSIDERED) 13 DETT. OF OPERATION 1 198. CONDITION FOR WHICH OPERATION 120 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
SECURITY NO. 213-03-3138 MATHERINE EASCHINSK DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stolling the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 105. AUTOPSY? (Yes or No!) 208. IF YES, WERE FINDINGS CONSIDERED 206. AUTOPSY? (Yes or No!) 208. IF YES, WERE FINDINGS CONSIDERED
SECURITY NO. 213-03-3138 MATHERINE EASCHINSK DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stolling the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 105. AUTOPSY? (Yes or No!) 208. IF YES, WERE FINDINGS CONSIDERED 206. AUTOPSY? (Yes or No!) 208. IF YES, WERE FINDINGS CONSIDERED
SECURITY NO. 213-03-3138 MATHERINE EASCHINSK DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stolling the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 105. AUTOPSY? (Yes or No!) 208. IF YES, WERE FINDINGS CONSIDERED 206. AUTOPSY? (Yes or No!) 208. IF YES, WERE FINDINGS CONSIDERED
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heoit failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoting the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C) (C) (C) (C) (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF: (C) (C) (C) (C) (DISEASES OR CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (C) (DISEASE OR CONDITION GIVEN IN PART 1 (A). (DISEASE OR CONDITION GIVEN IN PART 1 (A).
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heori failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoting the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C) (C) (C) (D) (A) IMMEDIATE CAUSE (D) (A) IMMEDIATE CAUSE (D) (D) (D) (D) (A) IMMEDIATE CAUSE (D) (D) (D) (D) (D) (A) IMMEDIATE CAUSE (D) (D) (D) (D) (D) (D) (D) (D
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heori failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE CITULATE CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). [1] OTHER SIGNIFICANT CONDITION OF RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). [20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS CONSIDERED (194) and the property of
LEADING TO DEATH (This does not meon the made of dying, e.g., heort failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoting the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C) (C) (C) (DISEASE OR CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (DISEASE OF CONDITIONS, if any, giving rise to the obave couse (A) stoting the UNDERLYING CONDITION for The TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (B) (C) (C) (C) (DISEASE OF CONDITION GIVEN IN PART 1 (A). (C) (DISEASE OF CONDITION GIVEN IN PART 1 (A). (C) (C) (DISEASE OF CONDITION GIVEN IN PART 1 (A). (C) (DISEASE OF CONDITION GIVEN IN PART 1 (A). (C) (C) (DISEASE OF CONDITION GIVEN IN PART 1 (A). (C) (C) (DISEASE OF CONDITION GIVEN IN PART 1 (A). (C) (C) (DISEASE OF CONDITION GIVEN IN PART 1 (A). (C) (C) (DISEASE OF CONDITION GIVEN IN PART 1 (A). (C) (C) (DISEASE OF CONDITION GIVEN IN PART 1 (A). (C) (C) (DISEASE OF CONDITION GIVEN IN PART 1 (A).
This does not mean the made of dying, e.g., heart failure, ashenia, etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION last. (b) DUE TO, OR AS A CONSEQUENCE OF: (c) (c) (d) TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 198. CONSIDERED
heort failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION last. (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 120A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 10 OTHER SIGNIFICANT CONDITION SELECTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 11 OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION [20 A. AUTOPSY? (Yes or No!) 20 B. IF YES, WERE FINDINGS CONSIDERED
DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A).
rise to the obave couse (A) stoling the UNDERLYING CONDITION last. (C)
UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 100 A DISEASE OR CONDITION 198. CONDITION FOR WHICH OPERATION 120 A AUTOPSY? (Yes or No!) 208. IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION 120A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 198B. CONDITION FOR WHICH OPERATION 200B. IF YES, WERE FINDINGS CONSIDERED 199A. DATE OF OPERATION 198B. CONDITION FOR WHICH OPERATION 200B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location
OR CONTRIBUTING CAUSE OF home, loim, foctory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
While At Not While
WORK AT WORK
22. I certify that (I) (this haspital) attended the deceased from 19 to 19
that (1) (4/6) last saw the deceased alive an 1/1/4/6 9 19 and that in (my) (evr) apinian death accurred to
and haur and fram the causes stated above. (1) (100) (did) (did) view the bady after death.
23A. SIGNATURE (17) (23B. DATE SIGNED /
All Mollo E 19 A E CUM MA Attending Med. Staff 2/2/1
Milliam 1 10 9 9 11 Noegsee Phys. Director Phys.
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
DEGREE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)
REMOVAL (Specify)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BURRAL DE 1/1/ WALLOW, J. IVALIONAL CEMEJEN MALION 190
BURGAL 2-6-1970 BALTO. U.S. NATIONAL CEMETERS BALTO. MG SA DATE REC'D BY HEALTH DEET. 255 NAME OF REGISTRAR 255 FUNERAL DIRECTOR ADDRESS
SA DATE REC'D BY HEALTH DERT. POST NAME OF TEELSTRAN FER STANDARD FOR THE STANDARD

(Nahahang)

0			BALTIMORE CITY	HEALTH DEPARTMENT		100 1-00
10-50	70	1502	CERTIFICA	TE OF DEATH	REG. NO	70 1502
BIRTH NO.		200~	CERTITION			
Type or Print)				2. DATE	AND HOUR OF DEAT	
Type of Films	Florence A.	Baum		Fo	bruary 3, 1	970
3. PLACE IN B	ALTIMORE, MARYLAND, V		UNCED DEAD			institution: residence before admissia
FULL NAME O HOSPITAL OR NSTITUTION			UTION, GIVE STREET	a, state B, co Maryland c. CITY OR TOWN Baltimo re	UNTY	ISIDE CITY LIMITS? YES IX NO
1) Goulo	d's Nursing H	ome		E. STREET AND NUMBER 124 N. Deck		
5. SEX	6. RACE	7. MARRIED	TAIRLED HARRIES T	B. DATE OF BIRTH	9. AGE (In years	ff Under 1 Yr. If Under 24 Hr
F	W	WIDOWED	DIVORCED [3/29/101	last bighday)	Months Doys Hours Min.
	CUPATION (Give kind of wor	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNT
lone during mass Housewi	of working life, even if retired)			Maryland		USA
3. FATHER'S N	IAME			14. MOTHER'S MAIDEN N	IAME	
Hann:	son McElderie	dag		Unkn	011110	
narou	son me ruent	uje		unn	own	
5. Wos Deceas	ed Ever in U. S. Armed Fo	ices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	wn) (If yes, give wor or dot	es of selvice	216-28-6533	Mr. William	H. Baum 541	2 Genland Ave.
1B. //	1 07 5/1		CAUSE OF DEAT			APPROXIMATE INTERVAL
UNDERLYI	OR CONDITIONS, iI the above couse (A) NG CONDITION last. II NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO	stoting the	(c)	yauced	Circlia	is liver
A DISEASE OF	CONDITION GIVEN IN PAI	RT 1 (A).	.00000000000000000000000000000000000000		***************************************	
19A. DATE	OF OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING [IBUTING CAUSE OF tify medical examinet)	218. hom etc.	ie, larm, factory, street, al	n ar obaut 21 C. WHERE DID fice bldg., INJURY OCCUR	(If In Boltim	ore City, give exact location)
21 D. TIME	(Manth) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21E. HOW DID	NJURY OCCUR?	
OF INJURY						
(APPROX)		Wa	ile At Not While			
22 1	(1 - (1) (1 - 1			1/01/7	10 70	2/10 . 72
22. I certi	fy that (1) (th is hospit a	i) attended t	he deceased from	1/27	19 70ta	2/3 19/0
that (I) (w	e) last saw the decease	ed alive an	212	19 7 O and	that In (my) (aux) a	pinian death accurred on the d
	1.6		\ \(\text{\tin}\text{\tint{\text{\tett{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\tex{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te\tin}\tint{\text{\text{\text{\text{\texi}\tint{\tin}\tint{\text{\ti}\tint{\text{\texi}\tin}\tint{\text{\ti}\tint{\tint{\tiin}\tin			
	and fram the causes sta	ted abave. (I) (#e) (did nat) v	iew the bady after deat	h.	
23A. SIGNA	TURE OR	4	, , ,			23B, DATE SIGNED
	710	MILLION	Alto Atte	nding Med.	Staff	4/5/20
20.0	V//	Mull	DE GREE Phys		Phys. \square	10/1/0
23C. PHYSIC NAME	(Type)			23 D/ADDRESS		1 /
,,,,,,,,,	L. B. Steven	s. M. D		3400 Erdman Av	e. Raltimore	Md. 27272
AA BIIDIAL C	REMATION, 24B. DATE					
REMOVAL	(Specify)	24C, N	AME of CEMETERY OF CRE	MAIOKT 24D	LOCATION	City, tawn, ar county) (State)
Burial	2/7/1	70 0	41 /		0 1	14
Laurent,	AAA GIII	Joseph Val	R Lawn (emet	25C. FUNERAL DIRECT	Baltimore,	aruland
TO 6	D BY HEADNI DEPT	12	DF REGISTRAR	925C, FUNERAL DIRECT	OK ,	M ADDRESS
ERA I	MA GOSCON CHI	THE PARTY OF		1 1 A A.	ran Inc. 30	00 & Bald:
/S 150 PEV 1/	1/68	1500			The July July	G. Dultimore J

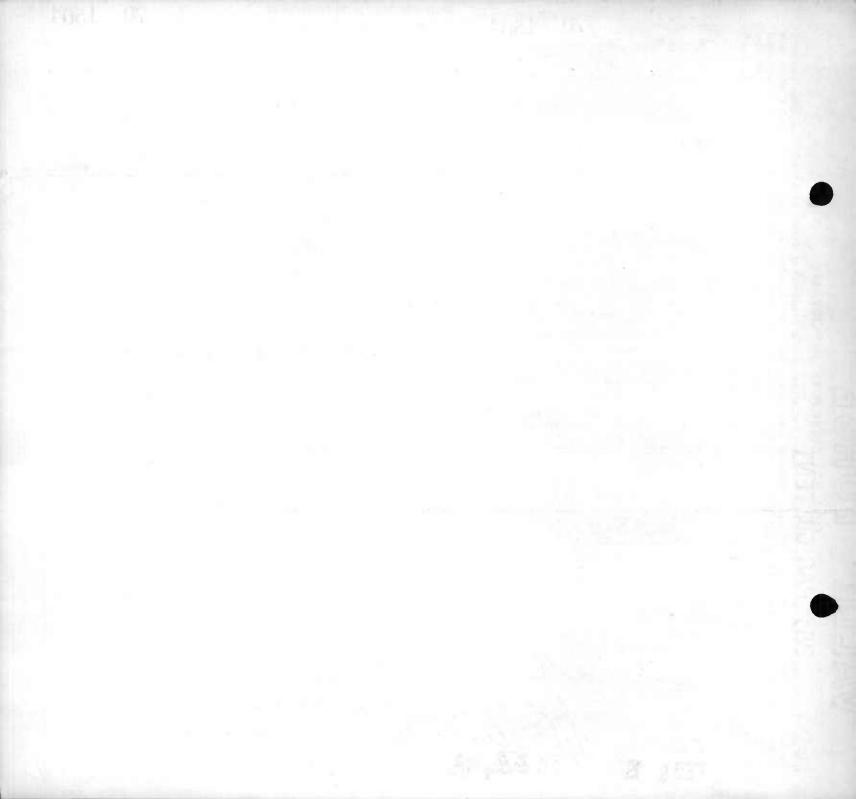


VS 151-REV. 1/1/68

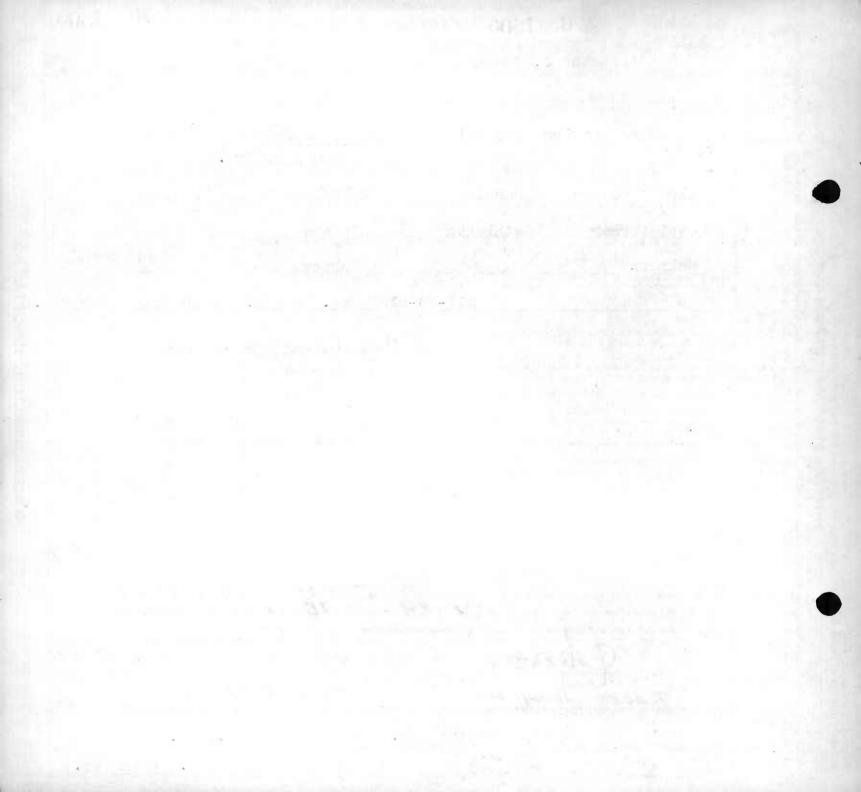
Noran Inc. 3000

in the lane and of the second Line jes com a partir del

IMPORTANT FUNERAL DIRECTOR:



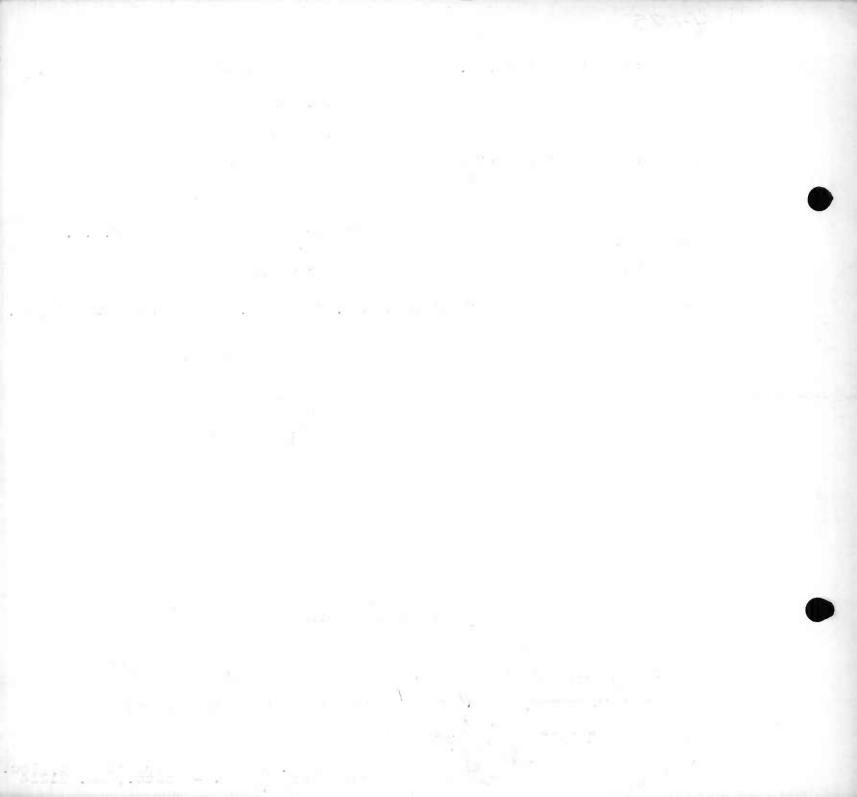
117	NAME OF DEC	EASED				2. DATE AN	D HOUR OF DEA	TH	VIEW
1100	ype or Print)	2/2/70 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before							
3.	PLACE OF DE	ALPHONSA J	RYLAND		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before A, STATE B, COUNTY				
	FULL NAME CHOSPITAL OR	Maryland c. CITY OR YOWN (If outside city limits, write RURAL and give tewnship Baltimore							
	33 Jol	D. STREET ADDRESS (If rurol, give location)							
6					2208	Kirk	Ave.		
5,	SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTI		9, AGE (In years	If Unde Months	
E	Mele	Coloned		o, DIVORCED (specify)	3/20/19	10	lest birthdoyl 57	Monms	Doys
10.		Colored UPATION (Give kind of werk	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	Stote er fore		12. CITI	ZEN OF
0		working lile, even if retired)						WH	AT COUNTRY?
<u> </u>	Steel Worker Bethlehem				Alabama	AID PALAL			
sodsip	B. FATHER'S NA	ME			14. MOTHER'S M	AIDEN NA	ME		
S	Unknow	m			Unknow	m			
15.	. Wos Deceased	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	4.5			ADDRESS
Du III		(If yes, give wer or dete	s et service	SECURITY NO.	7 75 7		mı	0000	
=	No			217-26-915	F DEATH	uby H	• Thomas	2208	KIPK A
ō	18. 4/	(2)							ONSET AND
O O	DISEAS	SE OR CONDITION DIR	RECTLY	M.			1		
E	LEADING TO DEATH (A) My perfective cardio vas -								
8	This does not meon the made of dying, e.g., heart foilure, asthenio, etc. It meons the diseose, injury or complication which coursed death.) (A) Previous Cardro var - Due to Du								
-	injury ar camplication which caused death.)								
E					an march				
emp		ANTECEDENT CAUSES					8 d dru 8 d dru 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
re en	DISEASES	ANTECEDENT CAUSES	any, giving	(B)		••••••••••	800000000000000000000000000000000000000		
are em	DISEASES (ANTECEDENT CAUSES OR CONDITIONS, il	any, giving	(B)		••••••••••	800000000000000000000000000000000000000		
are em	DISEASES (ANTECEDENT CAUSES DR CONDITIONS, il e abave couse (A) G CONDITION last.	any, giving	(B)		••••••••••	800000000000000000000000000000000000000		
remains are em	DISEASES (rise Ia th UNDERLYIN)	ANTECEDENT CAUSES OR CONDITIONS, il e above couse (A) G CONDITION last. IFICANT CONDITIONS C REATH BUT NOT RELA	any, giving stating the	(B)		••••••••••	800000000000000000000000000000000000000		
the remains are em	DISEASES (rise to the UNDERLYIN) OTHER SIGNI TO THE DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, il e abave couse (A) G CONDITION last.	ONTRIBUTING TO THE	(B)			800000000000000000000000000000000000000	RE FINDINGS	CONSIDERED
the remains are em	DISEASES (rise to the UNDERLYING OTHER SIGN TO THE D DISEASE OR 19A-DATE OF 21A-ACCIDE OR CONTRIBU	ANTECEDENT CAUSES OR CONDITIONS, il e abave couse (A) G CONDITION last. Il IFICANT CONDITIONS C IEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON	ONTRIBUTING TO THE TO THE	(B) DUE TO (C) G E WHICH OPERATION PLACE OF INJURY (c.g., ferm, foctery, street, c.e., foctery, street, c.e., foctery, street, c.e., foctery, street, c.e., foc	20A. AUTOPSY	? (Yes or No	D) 208. IF YES, WI	RE FINDINGS CAUSES OF	CONSIDERED
before the remains are em	DISEASES (rise to the UNDERLYING OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (neify 21D. TIME	ANTECEDENT CAUSES OR CONDITIONS, il e obave couse (A) G CONDITION last. II IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING TF OPERATION 198. CON WAS PERI	any, giving stoting the CONTRIBUTING STEEL TO THE TOTAL TO	(B) DUE TO (C) G E WHICH OPERATION PLACE OF INJURY (c.g., ferm, foctery, street, c.e., foctery, street, c.e., foctery, street, c.e., foctery, street, c.e., foc	20A. AUTOPSY in or ebout 21C. Wh	? (Yes or No	D) 208. IF YES, WI	RE FINDINGS CAUSES OF	CONSIDERED DEATH?
before the remains are em	DISEASES (rise In the UNDERLYIN) OTHER SIGNITO THE DISEASE OR 19A.DATE OF OR CONTRIBUTION OF INJURY	ANTECEDENT CAUSES OR CONDITIONS, il e above couse (A) G CONDITION last. IFICANT CONDITIONS C VEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 19B. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF	ONTRIBUTING TED TO TH T. IDITION FOR V FORMED 218. hem etc. (Hour) 21E. Whi	(B) DUE TO (C) G E WHICH OPERATION PLACE OF INJURY (c.g., c., ferm, foctery, street, c.) INJURY OCCURRED file At Net Whi	20 A. AUTOPSY in or ebout 21 C. Whiffice bldg., INJURY	? (Yes or No	20B. IF YES, WI IN CERTIFYING (If in Belli	RE FINDINGS CAUSES OF	CONSIDERED DEATH?
before the remains are em	DISEASES (rise to the UNDERLYING OTHER SIGN. TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE! OR CONTRIB DEATH (nelify 21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, il e abave couse (A) G CONDITION last. IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF Medicel exeminer)	ONTRIBUTING TO TH T. DITION FOR V FORMED (Hour) 21E. Whi	(B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., e.g., ferm, foctory, street, c.g., ferm, fo	20A. AUTOPSY in or ebout 21C. Whiffice bidg., INJURY	(? (Yes or No HERE DID OCCUR?	(If in Belti	RE FINDINGS CAUSES OF more City, giv	CONSIDERED DEATH? e exect leceñe
before the remains are em	DISEASES (rise to the UNDERLYING OTHER SIGN. TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE! OR CONTRIB DEATH (nelify 21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, il e above couse (A) G CONDITION last. IFICANT CONDITIONS C VEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 19B. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF	ONTRIBUTING TO TH T. DITION FOR V FORMED (Hour) 21E. Whi	(B) DUE TO (C) G E WHICH OPERATION PLACE OF INJURY (c.g., c.g.,	20A. AUTOPSY in or ebout 21 C. Wh ffice bldg., INJURY	Y? (Yes or No	O) 20B. IF YES, WI IN CERTIFYING (If in Belti	RE FINDINGS CAUSES OF more City, giv	CONSIDERED DEATH? e exect lecevie
e obtained before the remains are em	DISEASES (rise la th UNDERLYIN (OTHER SIGNI TO THE D DISEASE OR 19 A. DATE OF OR CONTRIBLE 21 D. TIME OF INJURY (APPROX.) 22. I certify	ANTECEDENT CAUSES OR CONDITIONS, il e abave couse (A) G CONDITION last. IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF Medicel exeminer)	ONTRIBUTING SOUTHING TO THE T. DITTON FOR VETORMED (Hour) 21E, Whi Wei	(B) DUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., e.g., ferm, foctery, street, c.g., ferm, foctery, foctery, street, c.g., ferm, foctery, street, c.g., ferm, foctery, street, c.g., ferm, foctery, focter	20A. AUTOPSY in or ebout 21 C. Wh ffice bldg., INJURY	Y? (Yes or No	(If in Belti	RE FINDINGS CAUSES OF more City, giv	CONSIDERED DEATH? e exect lecefie
be obtained before the remains are em	DISEASES (rise to the UNDERLYING) OTHER SIGNITO THE DISEASE OR 19A.DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, il e abave couse (A) G CONDITION last. IFICANT CONDITIONS CAUSING I FOPERATION 198. CON WAS PERF NT WAS UNDERLYING 198. CON V medicel exeminer) (Menth) (Dey) (Yeer)	any, giving stoling the CONTRIBUTING TO THE T. DITION FOR VECTOR (Hour) 21E. White Weight 1 attended to the decided of the de	(B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., e.g., ferm, foctery, street, c.g., ferm, fo	20A. AUTOPSY in or ebout 21C. Whiffice bidg., INJURY 21F. HO	Y? (Yes or No HERE DID OCCUR?	O) 20B. IF YES, WI IN CERTIFYING (If in Belti	RE FINDINGS CAUSES OF more City, giv	CONSIDERED DEATH? e exect lecefie
be obtained before the remains are em	DISEASES (rise to the UNDERLYING) OTHER SIGNITO THE DISEASE OR 19A.DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, il e abave couse (A) G CONDITION last. IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF Medicel exeminer) (Menth) (Dey) (Yeer) That (I) (this hospital last saw the decease of from the fauses state	any, giving stoling the CONTRIBUTING TO THE T. DITION FOR VECTOR (Hour) 21E. White Weight 1 attended to the decided of the de	(B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., e.g., ferm, foctery, street, c.g., ferm, fo	20A. AUTOPSY in or ebout 21C. Whiffice bidg., INJURY 21F. HO	Y? (Yes or No HERE DID OCCUR?	O) 20B. IF YES, WI IN CERTIFYING (If in Belti	TRE FINDINGS CAUSES OF more City, giv	CONSIDERED DEATH? e exect lecefie
e obtained before the remains are em	DISEASES (rise la th UNDERLYING OTHER SIGN TO THE D DISEASE OR 19A.DATE OF 21A. ACCIDE OR CONTRIB DEATH (nelify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	ANTECEDENT CAUSES OR CONDITIONS, il e abave couse (A) G CONDITION last. IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF Medicel exeminer) (Menth) (Dey) (Yeer) That (I) (this hospital last saw the decease of from the fauses state	any, giving stoling the CONTRIBUTING TO THE T. DITION FOR VECTOR (Hour) 21E. White Weight 1 attended to the decided of the de	(B) DUE TO (C) (C) WHICH OPERATION PLACE OF INJURY (e.g., e.g., ferm, foctery, street, c.g., ferm, foctery, ferm, foctery, street, c.g., ferm, foctery, ferm, focte	20A. AUTOPSY in or ebout 21C. Wh ffice bldg., INJURY 21F. HO	PW DID INJ	URY OCCUR?	TRE FINDINGS CAUSES OF more City, giv	CONSIDERED DEATH? e exect lecenie th occurred of
al must be obtained before the remains are em	DISEASES (rise to the UNDERLYING OTHER SIGN TO THE D DISEASE OR 19A-DATE OF 21A-ACCIDE OR CONTRIBE OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, il e obave couse (A) G CONDITION last. IFICANT CONDITIONS COPEATH BUT NOT RELA CONDITION CAUSING IF OPERATION PB. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medicel exeminer) (Menth) (Dey) (Yeer) that (I) (this hospital last saw the decease d from the causes stat	any, giving stoling the CONTRIBUTING TO THE T. DITION FOR VECTOR (Hour) 21E. White Weight 1 attended to the decided of the de	(B) DUE TO (C) (C) WHICH OPERATION PLACE OF INJURY (e.g., e.g., ferm, foctery, street, c.g., ferm, foctery, ferm, foctery, street, c.g., ferm, foctery, ferm, focte	20A. AUTOPSY in or ebout 21 C. Whiffice bidg., INJURY 21F. HO le	Y? (Yes or No HERE DID OCCUR?	URY OCCUR?	TRE FINDINGS CAUSES OF more City, giv	CONSIDERED DEATH? e exect lecefie th accurred a
al must be obtained before the remains are em	DISEASES (rise la th UNDERLYING OTHER SIGN TO THE D DISEASE OR 19A.DATE OF 21A. ACCIDE OR CONTRIB DEATH (nelify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	ANTECEDENT CAUSES OR CONDITIONS, il e abave couse (A) G CONDITION last. IFICANT CONDITIONS C TEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERI NT WAS UNDERLYING WAS PERI (Menth) (Dey) (Yeer) That (I) (this hospital last saw the decease of from the causes state of the couses state of the causes of	CONTRIBUTING STORMED TO TH T. DITTON FOR V FORMED (Hour) 21E, Whi Wei (a) attended the dalive on ted abave. (1	(B) DUE TO (C) (C) WHICH OPERATION PLACE OF INJURY (e.g., e.g., ferm, foctery, street, c.g., ferm, foctery, ferm, foctery, street, c.g., ferm, foctery, ferm, focte	20 A. AUTOPSY in or ebout 21 C. Whiffice bldg., INJURY 21 F. HO le	Y? (Yes or No OCCUR? W DID INJ and the ter death.	URY OCCUR?	aplinian dea	CONSIDERED DEATH? e exect lecefie th accurred a
al must be obtained before the remains are em	DISEASES (rise la th UNDERLYING OTHER SIGN TO THE D DISEASE OR 19A.DATE OF 21A.ACCIDE OR CONTRIB DEATH (netify (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, il e abave couse (A) G CONDITION last. IFICANT CONDITIONS CAUSING I FOPERATION 198. CON WAS PERF INT WAS UNDERLYING 198. CON INTERPRETATION (Menth) (Dey) (Yeer) I that (I) (this hospital last saw the decease of from the causes stated the couses st	CONTRIBUTING STORMED TO TH T. DITTON FOR V FORMED (Hour) 21E, Whi Wei (a) attended the dalive on ted abave. (1	(B) DUE TO (C) (C) WHICH OPERATION PLACE OF INJURY (e.g., e.g., ferm, foctery, street, c.g., ferm, foctery, ferm, foctery, street, c.g., ferm, foctery, ferm, focte	20 A. AUTOPSY in or ebout 21 C. Whiffice bldg., INJURY 21 F. HO le	Y? (Yes or No OCCUR? W DID INJ and the ter death.	URY OCCUR?	aplinian dea	CONSIDERED DEATH? e exect lecefie th accurred a
oproval must be obtained before the remains are em	DISEASES (rise la the UNDERLYIN) OTHER SIGNITO THE DISEASE OR 19A-DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and h	ANTECEDENT CAUSES OR CONDITIONS, il e abave couse (A) G CONDITION last. IFICANT CONDITIONS C LEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERI NT WAS UNDERLYING CAUSE OF Medicel exeminer) That (I) (this hospital last saw the decease d from the causes stat JRE ANTS Type) MATION, 248. DATE	any, giving stoling the CONTRIBUTING THE TO THE T. CONTRIBUTION FOR VERY CONTRIBUTION F	(B) DUE TO (C) (C) WHICH OPERATION PLACE OF INJURY (e.g., e.g., ferm, foctery, street, c.g., ferm, foctery, foctery, foctery, foctery, foctery, foctery, foctery, foctery, foctery, focter	20 A. AUTOPSY in or ebout 21 C. Whiffice bidg., INJURY 21 F. HO 21 F. HO 22 F. HO 23 D. ADDRESS 23 D. ADDRESS	Y? (Yes or No OCCUR? W DID INJ and the odd of the odd	URY OCCUR?	aplinian dea	CONSIDERED DEATH? e exect leceñe th occurred of
al must be obtained before the remains are em	DISEASES (rise la th UNDERLYING OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (nelify (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (1)	ANTECEDENT CAUSES OR CONDITIONS, il e abave couse (A) G CONDITION last. IFICANT CONDITIONS C LEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERI NT WAS UNDERLYING CAUSE OF Medicel exeminer) That (I) (this hospital last saw the decease d from the causes stat JRE ANTS Type) MATION, 248. DATE	CONTRIBUTING STORMED TO THE T. DITTON FOR VECTOR MED (Hour) 21E. White Weiter on	(B) DUE TO (C) (C) WHICH OPERATION PLACE OF INJURY (e.g., e.g., ferm, foctery, street, c.g., ferm, foctery,	20A. AUTOPSY in or ebout 21C. Whiffice bidg., INJURY 21F. HO le	OCCUR? OM DID INJ and the ter death.	URY OCCUR? Steff Phys	aplnlan dea	CONSIDERED DEATH? e exect leceñe th occurred of



IMPORTANT

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/68

IMPORTANT

FUNERAL DIRECTOR:

6009 Harford Rd.

. Altenburg Funeral Home - Balto. Md.

100000

dittat mist ye

TOTAL TOTAL TOTAL TOTAL TOTAL

. The note that the

the North Asset Control of the Contr

H. Donald Jamiorf, M. D. 1403 varied blance ...

Telling Description Of the Lettern

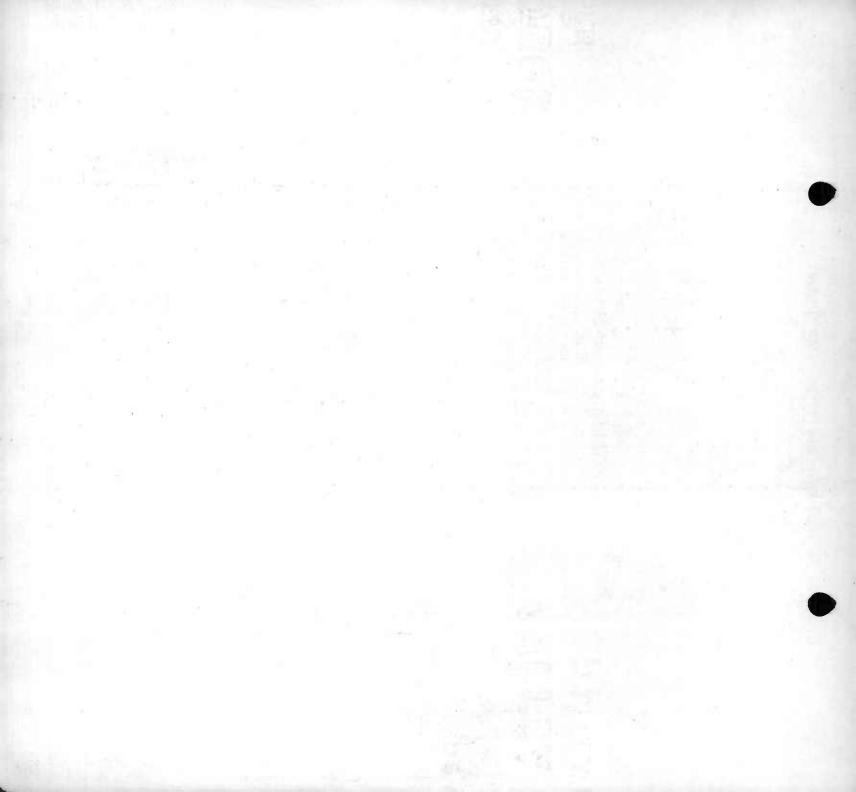
Prilling Greenfield Sugar Corden

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



	1	(
	Chethd Chethd	BIRT
	ar de	1, Nz (Typ
	of o	3. P
	se (5) and	FUL
	cau cau use; end to	IN S
	caurant att	15
	pproved by the chief medical examiner or his assistant if deoth occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the deceased prior to death. Such experience the remains are embalmed or final disposition is made.	BIRTI 1. N./ (Typ) 3. P FULL HOS. 10A. done C: 13. F Y e
	occontreerm reguesse	10A.
	or chadet	done
	f de cot	13. F
Z	dire dy (4 th on t	15. V
TA	the kin dea dea inal	(Yes,
Ö	if i	
M	Also, of oun	
	r. A rong ar a	
FUNERAL DIRECTOR: IMPORTANT	frac frac o p	
C	×an ×an ×b ×h ×h	
DR	al e s; (3 si ir si ir	
A	edic ourn nysic	NO.
ER	dy be ple	MEDICAL CERTIFICATION
Z	chi Bo th thysi	ERTIF
II.	the all by (2); (2)	AL
	d by spii ture t wl 6) N	AEDIC
	ove e ho cep nd (2
	any any (ex (ex	
	be a to the situation of the st b	
	ease ider hosp	
	acc acc tal	
	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	211
	s: (1)	24A
	nis c now; as [25A
	### 3 p 3	

1	BALTIMORE CIT		
(-550 70 1509 CERTIFICA	TE OF DEATH	REG. NO. 1509
1 N	TH NO.	2, DATE AND HOU	JR OF DEATH
(Тур	GOWMAN COWMAN	2/5/1	70 635P
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		osed lived. If institution; residence before admission
			1912
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION) TITUTION	MARYLAND, BAITIME	D. INSIDE CITY LIMITS?
	GOOD SAMARITAN HOSPITAL	BAITIMORE 2120	
		E. STREET AND NUMBER	
	5601 Lock RAVEN Blud	5622 STONINGTO	N Ave
5. \$	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr. If Under 24 H
	Male White WIDOWED DIVORCED	9/12/05 6	4 XXXXX
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR's during most of working life, even if retired)	11. 81 THPLACE (State or foreign cour	12. CITIZEN OF WHAT COUNT
	laims Adjustor	Baltimore, Md.	USA
13. F	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Cowman	Tulint Vanco	ATT
15. V	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	JULIET VANSA	ADDRESS
	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Marion H Cowman	-5622 Stonington Ave #7
_	es Army WW11 216 010874 CAUSE OF DEA		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEA
	LEADING TO DEATH	US EM ATYS EN	1A 10.21
	(A)IMMEDIATE CA	03	11
	(This does not mean the made of dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
	heart failure, asthenia, etc. It means the disease, injury ar camplicolian which caused death.)	S A CONSEQUENCE OF:	1 0-0
	heart failure, asthenia, etc. It means the disease, injury ar camplicolian which caused death.) ANTECEDENT CAUSES	consequence of:	Least Failing I com
	injury or camplicolian which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (8)	on sequence of: one estively s a consequence of:	Leant Failue 1 cp
	heart failure, asthenia, etc. It means the disease, injury ar camplicolian which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) staling the UNDERLYING CONDITION lost.	S A CONSEQUENCE OF:	teori Faile 1 cp
	injury or camplicolian which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the	S A CONSEQUENCE OF:	feort Faile 1 gp
	DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION lost. (B)	S A CONSEQUENCE OF:	Leon Faile 1 cp
ATIC	Index tailure, astheria, etc. It means the disease, injury or camplicolian which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) staling the UNDERLYING CONDITION lost. (C)	cris estret	Leon Failue 1 cp
ATIC	Ineart failure, astheria, etc. It means the disease, injury or camplicolian which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) staling the UNDERLYING CONDITION lost. (C)	cris estret	Leon Failue 1 cp
ERTIFICATION	Index failure, astheria, etc. It means the disease, injury or camplicolian which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) staling the UNDERLYING CONDITION lost. (C)	S A CONSPOUENCE OF: 20A. AUTOPSY? (Yes or No) 208. YES	LEORT Failing J
L CERTIFICATION	Individual cashenia, etc. If means the disease, injury or camplicolian which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itself to the abave couse (A) staling the UNDERLYING CONDITION lost. (C)	cris estret	Leon Failue 1 cp
CAL CERTIFICATION	DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITIONS CONTRIBUTING (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (P) IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	S A CONSPOUENCE OF: 20A. AUTOPSY? (Yes or No) 208, IN C	LEORT Failing J
EDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) staling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No) 208, IN Confice bidg., INJURY OCCUR?	LEF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location)
AEDICAL CERTIFICATION	Injury or camplicolian which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION lost. (C)	20A. AUTOPSY? (Yes or No) 208. IN C	LEF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At D. Not Wh	20A. AUTOPSY? (Yes or No) 208. IN C	Lengt Failing Considered Co
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) staling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY Office bide.	Lear Failed WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact facation) CCUR?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) staling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) attended the deceased from that (II) a last sow the deceased olive on the cause of the cause o	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY Office and thot In (recommended)	Lear Failed WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) CCUR?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) staling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY Office and thot In (recommended)	IF YES, WERE FINDINGS CONSIDERED LERTIFYING CAUSES OF DEATH? (If in Boltimore CITy, give exact location) CCUR?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) staling the UNDERLYING CONDITION Sol. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., CONTRIBUTING CAUSE OF CONTRIBUTION CONTRI	20A. AUTOPSY? (Yes or No) 208. IN Constitution of the constitution	IF YES, WERE FINDINGS CONSIDERED ERRIFYING CAUSES OF DEATH? (If in Boltimore CITy, give exact location) CCUR? 19 7
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) that haspital attended the deceased from and haur and from the causes stated above (I) (Widd) (did) (did) 23A. SIGNATURE APPLICATION AND CAUSE OF DEGREE (II) (Widd) (did)	20A. AUTOPSY? (Yes or No) 208. IN Company of the body ofter deoth.	IF YES, WERE FINDINGS CONSIDERED ERRIFYING CAUSES OF DEATH? (If in Boltimore CITy, give exact location) CCUR? 19 7
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) this haspital attended the deceased from and haur and from the couses stated above (II) (Widdid) (did Set) 23C. PHYSICIAN'S NAME (Type)	20A. AUTOPSY? (Yes or No) 208. IN Company of the part	IF YES, WERE FINDINGS CONSIDERED ERRIFYING CAUSES OF DEATH? (If in Boltimore CITy, give exact location) CCUR? 19 7
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) this haspital attended the deceased from and haur and from the couses stated above (I) (Wildid) (did Set) 23C. PHYSICIAN'S NAME (Type) 33C. PHYSICIAN'S NAME (Type)	20A. AUTOPSY? (Yes or No) 208. IN Company of the body ofter deoth. 21F. HOW DID INJURY OF The body of the body ofter deoth. 21F. How Did Injury of the body of t	IF YES, WERE FINDINGS CONSIDERED ERRIFYING CAUSES OF DEATH? (If in Boltimore CITY, give exact location) CCUR? 197 238, DATE SIGNED 238, DATE SIGNED 275/77
WEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Whork CAUSE OF INJURY (APPROX.) 22. I certify that (I) this haspital attended the deceased from and haur and from the couses stated above (I) (Wildid) (did St) 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C.	20A. AUTOPSY? (Yes or No) 208. IN Company of the body ofter deoth. 21F. HOW DID INJURY OF The body ofter deoth. 21F. How Did Injury of the body ofter deoth. 22F. How Did Injury of the body ofter deoth.	IF YES, WERE FINDINGS CONSIDERED ERRIFYING CAUSES OF DEATH? (If in Boltimore CIty, give exoct location) CCUR? 197 197 197 197 197 197 197 19
WEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) staling the UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONT	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY Of ile 19 21F. HOW DID INJURY Of ile 21F. HOW DID INJURY OF ile 22F. HOW DID INJURY OF ile 23F. HOW DID INJURY OF ile 23F. HOW DID INJURY OF ile 23F. HOW DID INJURY OF ile 24D. LOCATION 24D	IF YES, WERE FINDINGS CONSIDERED ERRIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) CCUR? 19 7 19 7 10 7 19 7 10 7 1
WEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Whork CAUSE OF INJURY (APPROX.) 22. I certify that (I) this haspital attended the deceased from and haur and from the couses stated above (I) (Wildid) (did St) 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C.	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY Of ile 22F. HOW DID INJURY OF ile 23D. ADDRESS 23D. ADDRESS 24D. LOCATIC Balti: 25C. FUNERAL DIRECTOR	IF YES, WERE FINDINGS CONSIDERED ERRIFYING CAUSES OF DEATH? (If in Boltimore CITy, give exoct location) CCUR? 19 7 19 7 19 7 TO DIVIDING PARTITION HOSPITAL ON (City, town, or county) (State)

jir i

BALTIMORE CITY HEALTH DEPARTMENT REG. NO._ CERTIFICATE OF DEATH pital and of death Deceased I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Lo death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance ing cause cause; (5) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) W11 104 FULL NAME OF HOSPITAL OR attend C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 YES X prior contributing E. STREET AND NUMBER wivereity of Haryland Thospital State St. etermined made in regular 5. SEX 9. AGE (In years last birthdoy) 8. DATE OF BIRTH MARRIED NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Manths! Days Hours Min. deceased WIDOWED DIVORCED disposition is 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Dud Electrical. McCoole, Maryland Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THEZIMA death LO 15. Wes Deceesed Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT (Yes, na ar unknown) (If yes, give wor or dotes of service) SECURITY NO. 17-28-7695 attendance Yes, Korean Conflict Mrd. Lenora K. Wright. Wiley Ford. W. Va. CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. Il means the disease, gular injury or complication which coused death.) ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, il any, giving rise to the obove cause (A) stating the physician UNDERLYING CONDITION lost the remains Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (II In Bottimare City, give exact focation) hospital MEDICAL DEATH (notify medical examined) nature; obtained 21D. TIME (Month) (Dayl (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While White At (APPROX.I and to the any 22. I certify that (I) (this haspital) attended the deceased from Hanuary 30 19 70 to death); that (1) (we) lost saw the deceased office an... ond that In(my) (aur) apinion death occurred on the date of hospital and haur and from the causes stated obave. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATURE Attending -0 approval Phys. Director DEGREE ō 23C. PHYSICIAN'S NAME (Type) prior 23 D. ADDRESS at 40R OEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY eceased 24D. LOCATION shows: 2/5/70 Burial Fort Ashby Cemetery Fort Ashby, Mineral, W. Virginia 25A. DATE REC'D BY HEALTH DEED as 25C. FUNERAL DIRECTOR Wayne Beinge 202 Greene St. VS 150-REV. 1/1/68

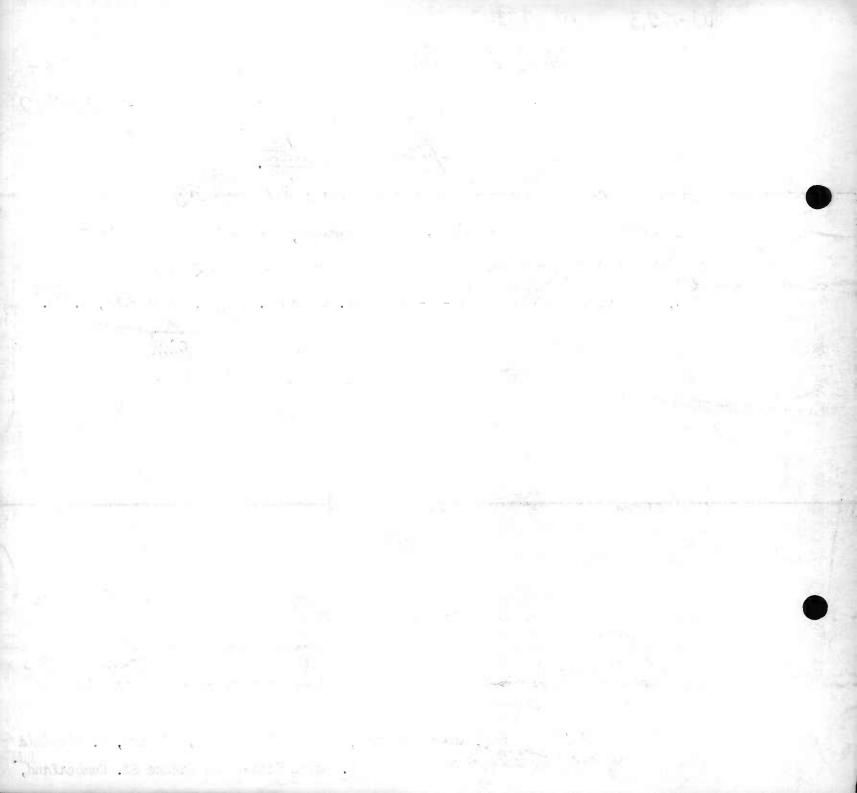
NO

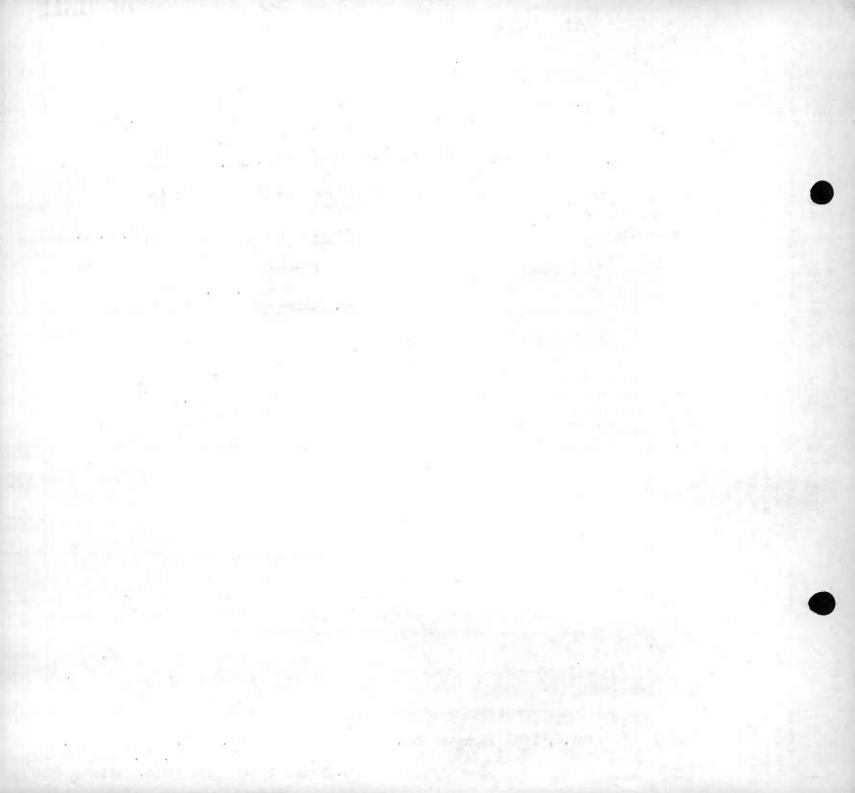
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(State)

Cumberland.

usa



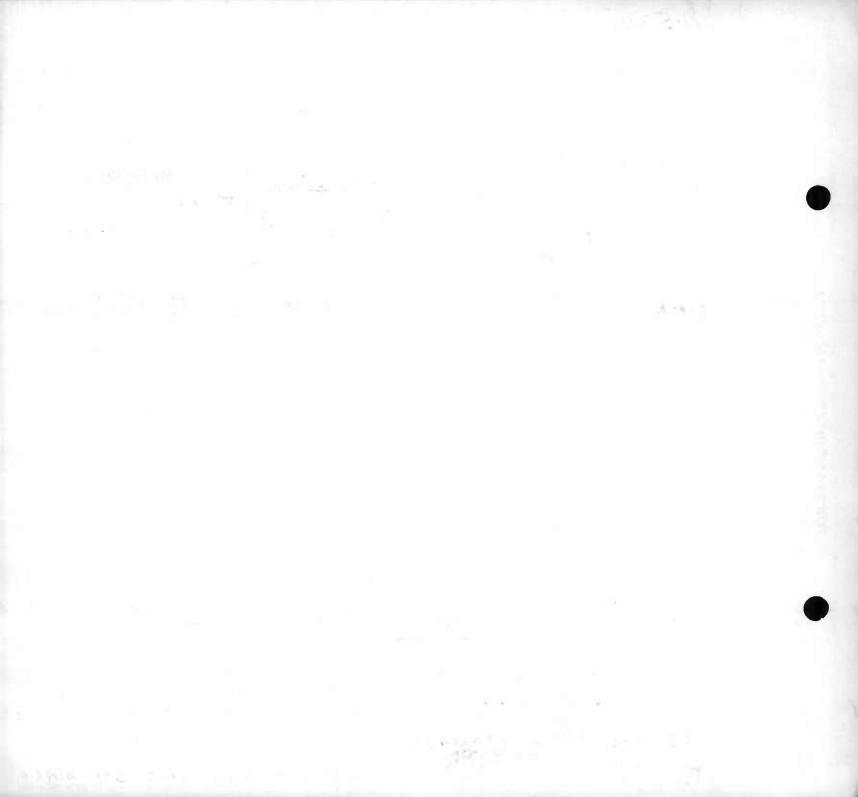


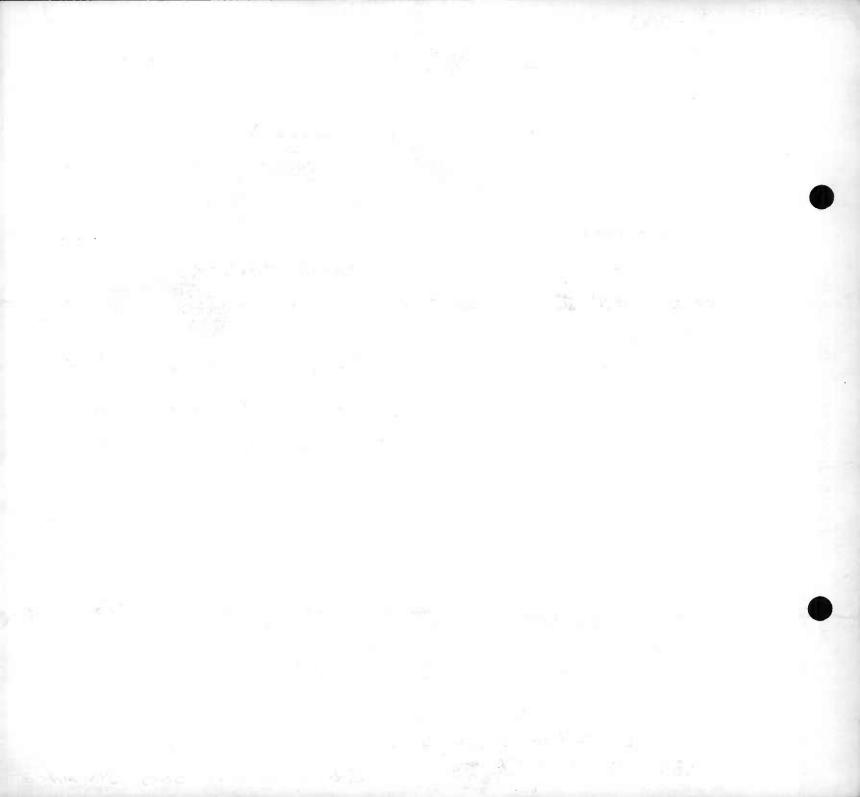
IMPORTANT

DIRECTOR:

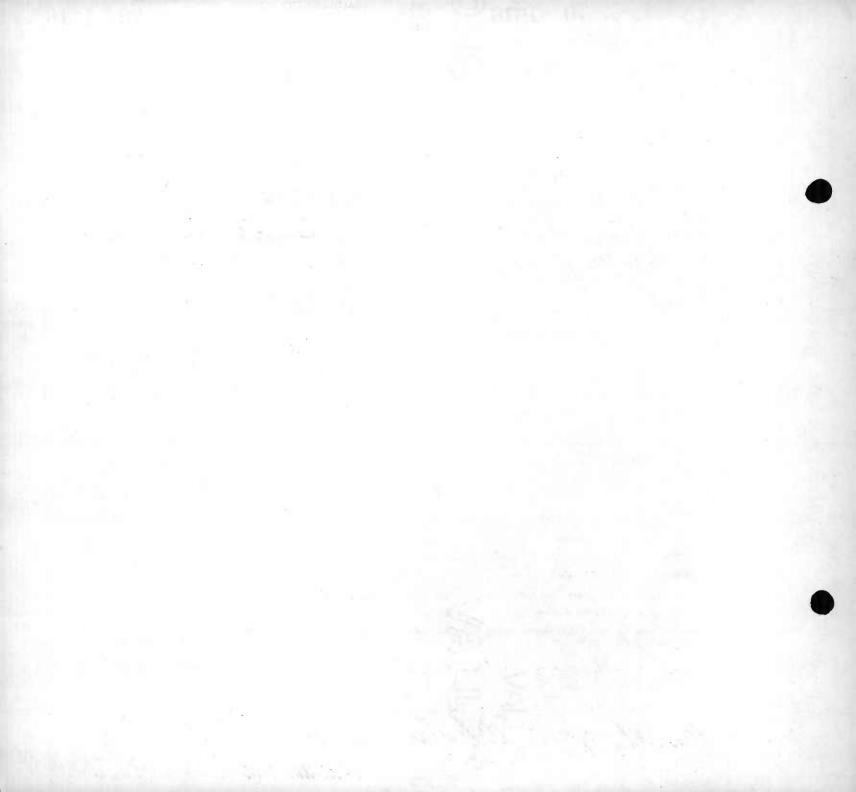
FUNERAL

BI	M-532 70 1513 CERTIFIC	CATE OF DEATH REG. NO. 70 1513
	PO OF PINH REGINA MONTA GUE	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution: residence belove admission A, STATE B, COUNTY
H	ILL NAME OF STREET OF INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION CITY HOSPITALS	Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?
3	1940 Eastern Avenue Baltimore, Maryland 21224	E. STREET AND NUMBER
	Female White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Months Doys Hours Min.
don	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST e during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) Bennsylvania U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15, (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) IIf yes, give wor or dates of service! SECURITY NO.	BCH: Records 4940 Eastern Avenue Baltimore, Maryland 21224
	18. 1/ 8 X Y I CAUSE OF DEA	
	injury ar camplication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR A rise to the above cause (Al stoling the	72.
	UNDERLYING CONDITION last, (C)	
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART) JA). MYOCAR	RDIAL INFARCTION 2 WEEKS
RT	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFINGS CAUSES OF DEATH? In or obout 2) C. WHERE DID (If in Boltimore City, give exect location)
3	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location)
AEDI	21D. TIME IMonth) (Doy) IYeor) (Hour) 2) E. INJURY OCCURRED OF INJURY (APPROX.) While At	21F. HOW DID INJURY OCCUR?
	22. I certify that (this haspital) attended the deceased fram	1/13 1970 to 1/0 1970
- [that (#) (we) last saw the deceased alive an 2 (19 70 and that in (my) (aur) apinion death accurred on the date
	and haur and from the causes stated above. (1) (We) (did) (did not)	view the bady after death. 238, DATE SIGNED
	Lewis W. Blukly MD GEOREE PH	tending Med. Staff Director Phys. 2/6/70
	Dennis W. Bleakley M.D.	23 Baltimore City Hospitals 21224
24A.	REMOVAL Specify 2/10/70 LONDONERRY	REMATORY 24D. LOCATION (City, town, or county) (Stotel
ZDA.	FEB 9 1910 Robers The Annual Control of the Branch of the	25C. FUNERAL DIRECTOR ADDRESS D. G. S. OWN LLY SONS 300 MACE





BALTIMORE CITY HEALTH DEPARTM	ENT
W-320 70 1516 CERTIFICATE OF DEA	TH REG. NO. 70 1516
I, NAME OF DECEASED 2, D	PATE AND HOUR OF DEATH
MILDRED WOODS	2/1/20 1830 4 11
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE	CE (Whole deceased lived, If institution; residence before admission)
1 1	COUNTY
HOSPITAL OR ADDRESS OR LOCATION)	1800
INSTITUTION C. CITY OR TOWN	D. INSIDE CITY LIMITS?
381LNIVERSITY	MOLU YES NO L
HOSPITAL 1007	1.3 CAMA 4 2 3 1772
,, , , , , , , , , , , , , , , , , , , ,	9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED ADATE OF BIRTH	9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours Min.
WIDOWED DIVORCED 1/16/6	26 99
IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State done during most of working life, even if retired)	e of foreign country) 12. CITIZEN OF WHAT COUNTRY?
LAUNDARSS USA GOUT BO	5/10/ 11/0/ 14 (A-
13. FATHER'S NAME	DENNAME
Charles Warde War	11= D= 51,5/1=
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	le de d'hercis
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	1
No	LOGEN 3275, Fremonthue
18. 24 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ete
LEADING TO DEATH	TACERED RAC
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	Henatoma
injury or complication which caused death.)	" our
	>
injury or complication which caused death.)	S
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	S
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF	S
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. (B) AS A CONSEQUENCE OF CONSEQ	S
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION fast. (C)	S
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION fast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION tast. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	os or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	es ar No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION fast. (C)	es ar No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? E DID (If In Baltimare City, give exact lacation)
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION fast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 10 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE thome, form, foctory, street, office bidg., INJURY OCCURRED 21F. HOW	es ar No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	es ar No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? E DID (If In Baltimare City, give exact lacation)
INJURY OF COMPLICATION Which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION fast. (C)	es ar No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? DID (If In Baltimare City, give exact lacation) DID INJURY OCCUR?
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. Date of Operation 198. Condition for which Operation was Performed 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE home, form, factory, street, office bidg., INJURY OC etc.) 21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED While At Work 21 In The Contribution of the dead of the deceased from 2.1. At Work 22. I certify that (I) (this hospital) attended the deceased from 2.1.	es ar No. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? EDID (If In Baltimare City, give exact lacation) DID INJURY OCCUR?
INDUSTRIBUTION OF CONDITION OF CONTRIBUTION OF	es ar No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? DID (If In Baltimare City, give exact location) DID INJURY OCCUR? 19 20 to 19 20, and that in(my) (our) opinion death occurred on the date
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19 B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (II) (We) (did) (did not) view the body ofter the course of the cause of the caus	es ar No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? EDID (If In Baltimare City, give exact lacation) DID INJURY OCCUR? 19 70 to 19 70, and that in(my) (our) opinion death occurred on the date death.
INJURY or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	es ar No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? DID (If In Baltimare City, give exact lacation) DID INJURY OCCUR? 19 70 to 19 70and that in (my) (our) opinion death occurred on the date deoth.
INDERLYING CONDITIONS (A) Stating the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. AUTOPYCY (WAS UNDERLYING WAS PERFORMED 21A.	es ar Noi 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? E DID (If In Baltimare City, give exact lacation) DID INJURY OCCUR? 19 20 to 19 20 and that in (my) (our) opinion death occurred on the date deoth. 238. DATE SIGNED
INJURY OF COMPLICATION ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION fast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an ond hour and from the couses stated above. (II) (We) (did) (did not) view the body offer 23A. SIGNATURE Attending Med. Director 23C. PHYSICIAN'S Attending Med. Director 23C. PHYSICIAN'S 123D. ADDRESS	es ar Noil 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? E DID (If In Baltimare City, give exact lacation) DID INJURY OCCUR? 19 20 to 19 20 and that in (my) (our) opinion death occurred on the date deoth. 238. DATE SIGNED
INJURY OCCURRED OR CONTRIBUTING CAUSE OR CONDITION (AS A CONSEQUENCE OF PART I (A). OR CONTRIBUTING CAUSE OR CONDITION (AS A CONSEQUENCE OF PART I (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (I) (PA. DATE OF OPERATION (AS PERFORMED) OR CONTRIBUTING CAUSE OF DEATH (I) (I) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	es ar Noil 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? E DID (If In Baltimare City, give exact lacation) DID INJURY OCCUR? 19 20 to 19 20 and that in (my) (our) opinion death occurred on the date deoth. 238. DATE SIGNED
INJURY OF COMPLICATION WHICH CAUSED HERMINAL DISEASE OF CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 10 A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING HOME. (APPROX.) 21 D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) last sow the deceased olive an ond hour and from the causes stated above. (II) (We) (did) (did not) view the body ofter 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS AMERICAN AMERICAN AMERICAN AMERICAN AMERICAN AMERICAN AMERICAN AME (Type) 23D. ADDRESS AMERICAN A	es ar No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? E DID (If In Baltimare City, give exact lacation) CUR? 19 70 to 19 70, and that in (my) (our) opinion death occurred on the date deoth. Shaff Phys. 238. DATE SIGNED
INJURY OF COMPLICATION WHICH CAUSED HE TO THE TERMINAL DISEASE OF CONDITION SIZE OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 10 A LACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Work 22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) last sow the deceased olive an ond hour and from the causes stated above. (II) We) (did) (did not) view the body ofter 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS ALBAN ALAC COMPLETED TO THE TERMINAL (C). 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE home, form, factory, street, office bidg., INJURY OCCURRED while At Work 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE home, form, factory, street, office bidg., INJURY OCCURRED while At Work 21C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	es ar Noil 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? E DID (If In Baltimare City, give exact lacation) DID INJURY OCCUR? 19 20 to 19 20 and that in (my) (our) opinion death occurred on the date deoth. 238. DATE SIGNED
INJURY OF INJURY (APPROX.) Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A. DATE OF OPERATION 19-B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (I) We) (did) (did not) view the body ofter 23A. SIGNATURE 24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMEJERY, of CREMATORY REMOVAL (Specify) 24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMEJERY, of CREMATORY REMOVAL (Specify) AUDITION OF RAS A CONSEQUENCE OF DUE TO, OR AS A CONS	es ar Noi 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? E DID (If In Baltimare City, give exact lacation) DID INJURY OCCUR? 19 20 to 19 20, and that in (my) (our) opinion death occurred on the date deoth. 238. DATE SIGNED 24D. LOCATION (City, tawn) or county) (State)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 10 THER SIGNIFICANT CONDITION GIVEN IN PART 1 [A]. 11 OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 12 TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 13 A. DATE OF OPERATION [19 B. CONDITION FOR WHICH OPERATION [20 A. AUTOPSY? (Y. WAS PERFORMED) 12 TO. TIME (Month) (Doy) (Year) (Haur) (12 E. INJURY (e.g., in or obout 21 C. WHERE home, form, foctory, street, office bldg., INJURY OCCURRED (12 E. INJURY OCCURRED) 21 D. TIME (Month) (Doy) (Year) (Haur) (12 E. INJURY OCCURRED (APPROX.) 22 L I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an polymer of the courses stated above. (II) (We) (did) (did not) view the body ofter 23 A. SIGNATURE 23 A. SIGNATURE 24 A. BURIAL CREMATION, [24 B. DATE] [24 C. NAME of CEMESFEX et CREMATORY]	es ar Noi 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? E DID (If In Baltimare City, give exact lacation) DID INJURY OCCUR? 19 20 to 19 20, and that in (my) (our) opinion death occurred on the date deoth. 238. DATE SIGNED 24D. LOCATION (City, tawn) or county) (State)
INJURY OF INJURY (APPROX.) Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A. DATE OF OPERATION 19-B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an ond hour and from the causes stated above. (I) We) (did) (did not) view the body ofter 23A. SIGNATURE 24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMEJERY, of CREMATORY REMOVAL (Specify) 24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMEJERY, of CREMATORY REMOVAL (Specify) AUDITION OF RAS A CONSEQUENCE OF DUE TO, OR AS A CONS	es ar Noi 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? E DID (If In Baltimare City, give exact lacation) DID INJURY OCCUR? 19 20 to 19 20, and that in (my) (our) opinion death occurred on the date deoth. 238. DATE SIGNED 24D. LOCATION (City, tawn) or county) (State)



2/16/70 - Correction form from funeral airector.

ABC.

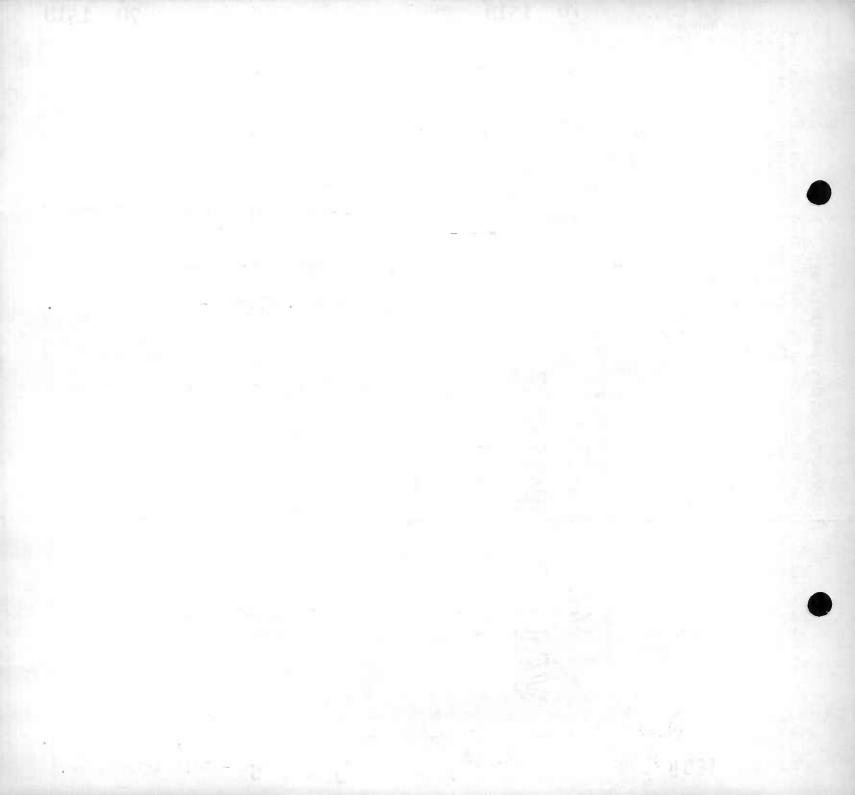
FUNERAL DIRECTOR:

0 -1/14 BALTIMORE CI	TY HEALTH DEPARTMENT
7 7 7 7 7 1 1 1 1 5 1 8	ATE OF DEATH REG. NO. 70 1518
1. NAME OF DECEASED Mary A. Cleveland (Type or Print) MARY A. CLEVELE	FND 2. 6-70 19.45 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE & COUNTY MD. Baltimore 53-0 C. CITY OR TOWNEdgemere D. INSIDE CITY LIMITS?
CHURCH HOME AND HOSPITAL	BALTIMORE YES NO TO
Church Home & Hospital	E. STREET AND NUMBER 2915 Sparrows Point Road
5. SEX 6. RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr Months: Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTI	
HOUSEWIFE	Maryland Maryland Maryland Maryland Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HARRY Mc CADDEN	Frances F. Dennis
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) of yes, give wor or dotes of service) No. 217-22-552	Mr. Morgan Cleveland, 2424 Keyway Dundalk, Md. 21222
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving misa to the abave cause (A) stating the UNDERLYING CONDITION test. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSE OF BIGGS OF READER NOT BE ALLERED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 12 21A-ACCIDENT WAS UNDERLYING 12 THE PLACE OF INJURY (e.g., home, form, foctory, street, alc.)	AUSE METASTATIC CARCINOMA OF LUNCS 3 MONTES AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:
21D.TIME IMonth) (Doy) IYeor) (Houd) 21E INJURY OCCURRED Whita At Work At Work	21F. HOW DID INJURY OCCUR?
	EC. 15 1969 to Feb. 6 1970
that (i) (we) last saw the deceased alive an Feb.	19 and that in (pg) (our) apinian death accurred an the dat
and haur and from the causes stated above. (1) (We) (did) (did not)	view the body ofter death.
23A. SIGNATURE AH Ph Ph	23 B. DATE SIGNED
CEZAZ A. COZEZ MD	CATIDEA HOLD
Burial CREMATION, 248. DATE 24C. NAME of CEMETERY of CE 2/9/70 Oak Lawn Cemet	REMATORY 24D. LOCATION (City, town, or county) (Stote) ery Baltimore, Maryland
EB 9 1970 Product E RESEARAME OF REGISTRAR	John J. Duda, 7922 Wise Ave. Dundalk, Md.

12-13-46 73 HOUSEWIFE rences ,

Mercan age of the water

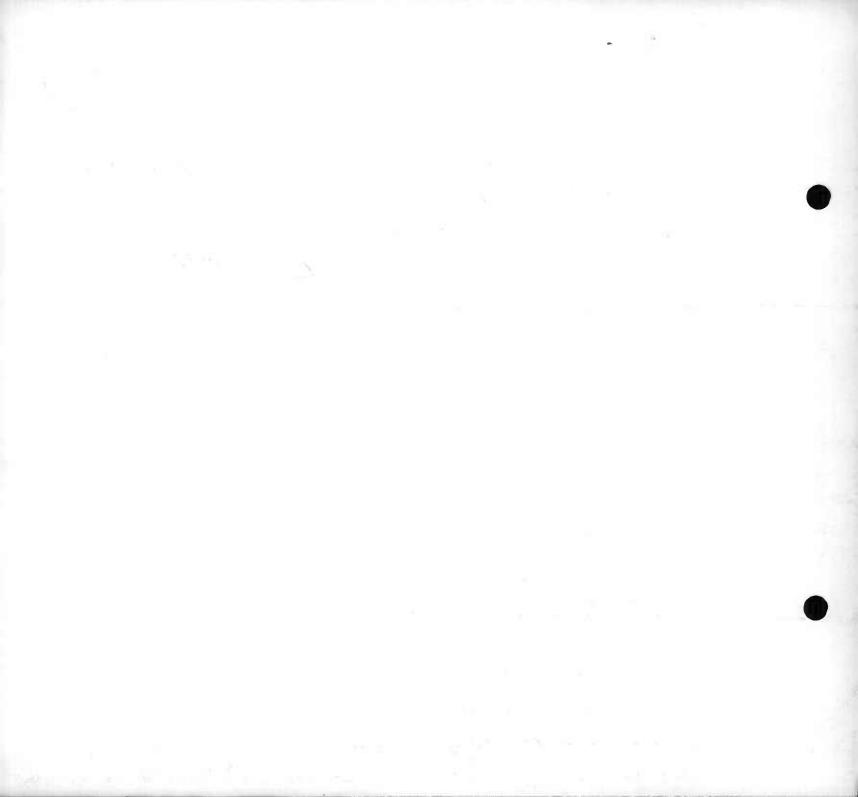
THE RESIDENCE OF SCHOOL SERVICES.



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES NO 🛮 If Under 1 Yr. Meniks! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS aleuchter APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) aplaian death accurred an the date 23B DATE SIGNED GLA



C-655 70 152	BALTIMORE CITY	HEALTH DEPARTMENT	70	0 1521
	CERTIFICA	TE OF DEATH	REG. NO	19¢T
I. NAME OF DECEASED			HOUR OF DEATH	
(Type as Print) Lellie Carma	n/		431, 1970	1 615 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where of A. STATE B. COUNTY	leceased lived. If institution	n: sesidence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Me City	D. INSIDE CIT	2008
Glarber View Keersing	11.	Belly	YES	
90 1213 Regat	11-	E. STREET AND NUMBER	1	
	4	4210 Vermon	I ave	
SEX 6. RACE 7. MARR WIDOV	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH. 10/25/88 los	AGE (In years If U bitthday) Mon	nder 1 Yr. II Under 24 Hrs. hs Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KINT lone during most of working life, even il retired) Rutired Seamstress	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	(luginia) 12.	CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0	
John Tewton		Susan Nu	nnally	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (II yes, give war ar dates al servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	217-03-0909	Saughter	421	O Vermentais
18. 2 50, 9 1	CAUSE OF DEAT	H 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATE
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		2000		A -
(This does not mean the mode of dying,	(A) IMMEDIATE CAL		elegia	nels
heart failuse, asthenia, etc. It means the dise injury or complication which caused death.)	ase,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES		2 0 4 0	Dist.	
DISEASES OR CONDITIONS, if any, giv	ving (B) DUE TO, OR AS	A CONSEQUENCE OF:	eur	years
rise to the above cause (A) stating	lhe	T. O. A.	- hath	
UNDERLYING CONDITION last.	(c)	musica or	y custos	gues
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL			
19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A-AUTOPSY? (Yes or No)	OB, IF YES, WERE FINDIN N CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	218. PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	n ar about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(II in Boltimore City,	give exact lacation)
21D TIME IMonth) (Doyl (Year) IHout)	215 INJURY OCCURRED	21F. HOW DID INJUR	OCCUR?	
(A PPROX.)	While At Not While Work At Work	• 🗆		,
22. I certify that (I) (this haspital) attended	ed the deceased from	///6 19	70 to 7/	3/ 19.72
that (1) (we) last sow the deceased alive				eath occurred an the dat
and have and from the causes stated above	e. (1) (We) (did) (did not) v		•	
23A. SIGNATURE	14.0			ATE SIGNED
al Mai	DEGREE Phy	nding D Med. Sto	/s. 🗆	2/1/70
23C. PHYSICIAN'S NAME ITYPE LIAN H.	MACHY NO	23D. ADDRESS 2 F Read	I Ber	My non
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specifyl	C. NAME OF CEMETERY OF CRI	MATORY 24D. LOC	ATION (City, tow	n, or county) (State)
	Loudon Park	Bal	timore, Maryla	and
	AF OF REGISTRAR	25C. FUNERAL DIRECTOR		Baller Hores & Baller
FFB 9 19711 Robert Live	Con May	Con y Charles	ACCEPTANCE X	XXIOSOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
/S 150-REV. 1/1/68				7-4-01



Kannapolis

25C. FUNERAL DIRECTOR

258 NAME OF REGISTRAR

(State)

Kannapolis, North Caroline

Leonard J Ruck Inc. Baltimore, Maryland

ADDRESS

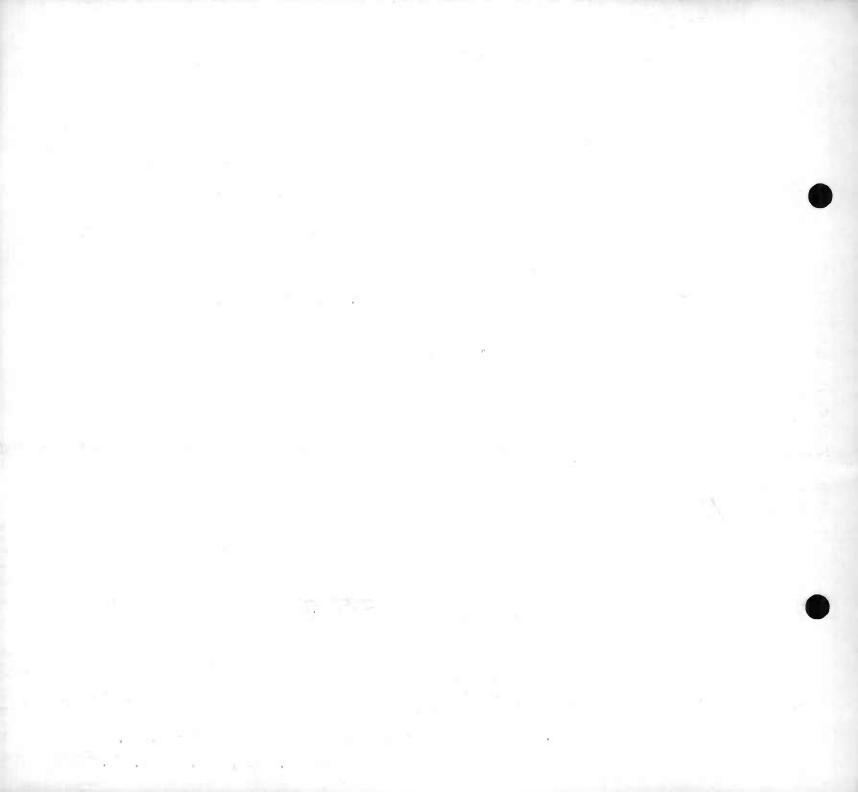


REMOVAL (Specify) Burial

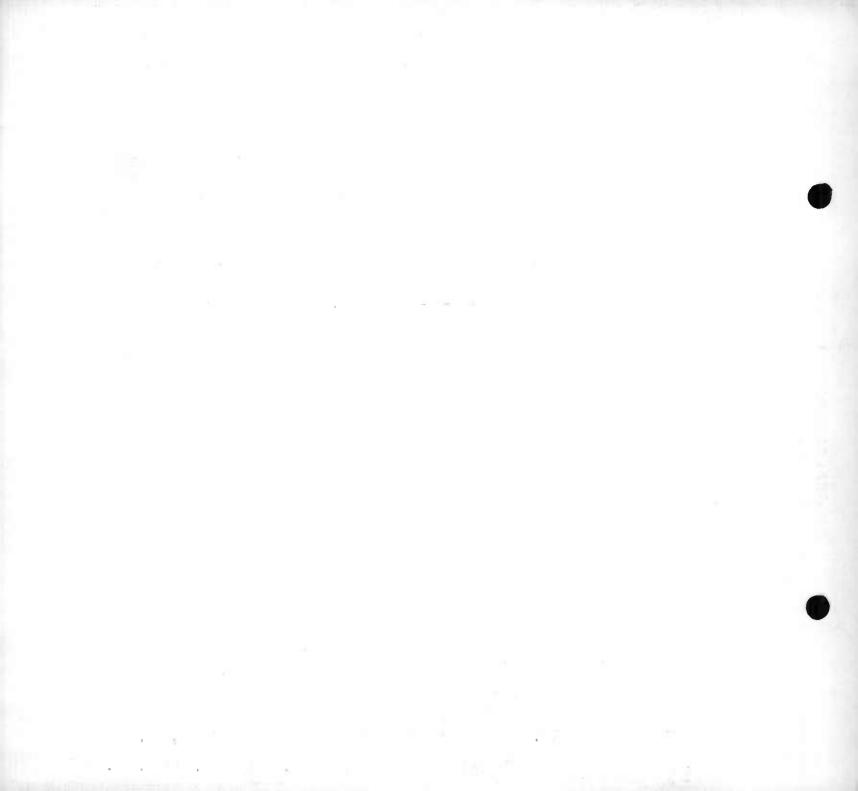
25A. DATE REC'D BY HEALTH DEPT.

Letter from M.E.'s office 3-9-70 M.H.

	A-252 70 1523	BALTIMORE CITY	HEALTH DEPARTMENT		1010
	71-252 70 1523	CERTIFICA	TE OF DEATH	REG. NO	<u></u>
	1. NAME OF DECEASED (Type or Print) (Asc	enzi)	2. DATE AN	D HOUR OF DEATH	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (When	e deceased lived, If in:	stitution: residence belora admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION HOSPITAL OR ADDRESS OR LOCATION)	I, GIVE STREET	MD. B. COUN	ΤΥ	2.641
	INSTITUTION		C. CITY OR TOWN		DE CITY LIMITS?
- 1	37 Mercy Hospital, I	-HC.	E. STREET AND NUMBER	2	YES NO
				44 Cross	Rd.
s maa	6. RACE 7. MARRIED N WIDOWED	EVER MARRIED	8. DATE OF BIRTH 12-05-31	9. AGE (In years lost birthdoy) 3	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country!	12. CITIZEN OF WHAT COUNTRY?
	HousewifE		Italy		Italy
2	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
2	Bernard Fabrizi		Maria	Rugger	1
		ECURITY NO.	Mr. Comlando As		ADDRESS
			Mr. Gerlando As	Cenzr	(Same)
5	DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATH	(D)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAUS	- Cardio	respirato	ne failure
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:	1 2	7
	injury or complication which caused death.)	Met	a Asta la	100 of Co	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	(B) DUE TO DR AS	CONSEQUENCE OF:	rease -	va once
3	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	CONSEQUENCE OF		1/2 years
	ll ll	(C/			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************************	*******************************		***************************************
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI	INDINGS CONSIDERED
2	2101. 02.70 Above mention		or obout 21 C. WHERE DID		
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF CONTRIBUTING CAUSE OF DEATH (notify medical axomined) (100) 21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJU White At	m, factory, street, affi	co bidg. INJURY OCCUR?	til in partimare	City, give exoct focotion)
3	21D. TIME (Month) (Doyl (Year) (Hour) 21E, INJU	RY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
5	(APPROX) Wark	At Work	Jan. 1	-	
	22. I certify that (1) (this haspital) attended the de-			970 10 Fe	p. 4. 1970
2		7eb.4.		nt in (my) (our) apin	tan death accurred on the date
	and how and from the causes stated above (1) (We 23A. SIGNATURE)) (did) (did not) vi	ew the body after death.		
	Hank to July	Alten	ding Med.	Shaff Phys.	23B, DATE SIGNED
3	23C. PHYSICIAN'S NAME (Type)	DEGREE PRYS.	Director L	Phys. (Cal	2, 4, 10
add a	RANDHIR TRASAD SINHA.	MBBS DEGREE	Mercytospi	tal Be	elto. md 21202
3	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CREA		CATION (City	, town, or county! (Stotel
	Burial 2/9/70. Holy K	edeemer Cem	etery	Baltimore	, Md.
	25A, DATE MCD BY HEALTH DEPT. 25B, NAME OF REC		Leonard J. Hu	ck, Inc. Bal	Lto. Ma Ports 214
	FEB 9 1570 (26 Be & E) The Steep 28 1	UU	0 5 1 9		



1	2-1.14	1210	5.00	BALTIMORE CITY	HEALTH DEPARTMENT		PHO	4-04	
	TH NO.	70	1524	CERTIFICA	TE OF DEATH	REG. NO	70	1524	
	NAME OF DEC pe or Print)		COLINI	: DANTE		RARY 5, 19		6.35	p
3.	PLACE IN BAL	TIMORE, MARYLAND, W		· ·	4. USUAL RESIDENCE (Whe	ere deceased lived. If in		dence before odn	nissian)
H	LL NAME OF OSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN		IDE CITY LIM	263	3
4	+ Uni	ON MEMORI	Al Ho	spita/	BALTIMORE E. STREET AND NUMBER 3305 KE	NYON AVE	YES ENUE	NO 🗌	
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	II.			Ye . If Under	24 14.0
	MALE	WHITE	WIDOWED	DIVORCED	02-25-05	9. AGE (in years lost birthdoy)		ays Hours	Min.
don	e during most of a tual CAS	Warking life, even if retired)		Tracks	11. BIRTHPLACE (State or fore	ign country)		, S, 17	UNTRY
13.	FATHER'S NA	ME	1		14. MOTHER'S MAIDEN NA	ME			
	NIL	0 BRUSCO	LINI		CORINA	(NOT KNOW	N)		
15. (Ye	Wes Decased	Ever in U. S. Armed Far (If yas, give wor or date	cas? s of service)	SECURITY NO.	17. INFORMANT		-	DDRESS	
	No			216-03-5242	Mrs. Sarah Br	uscolini	(Same)	
CATION	IThis does in heart failure, injury or cam DISEASES Orise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CO	LEADING TO DEATH of mean the mode of asthenia, etc. If means plication which caused ANTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last, II CANT CONDITIONS COI H BUT NOT RELATED TO TI ONDITION GIVEN IN PAR OPERATION 1978. CON	dying, e.g., the disease, death.) any, giving stoting the NTRIBUTING IE TERMINAL [1] [1]	(B) DUE TO, OR AS	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes of No.		RCTION	APPROXIMATE INTE	
CERTIFIC	0	WAS PERF	ORMED		NO	IN CERTIFYING CA	USES OF DE	ATH?	
CAL	OR CONTRIBU	TWAS UNDERLYING TING CAUSE OF medical examined	hometc.)	e. farm, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If to Baltimor	e City, give e	exact facation)	
MEDI	21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		INJURY OCCURRED Not White At Work	21F. HOW DID INJ	URY OCCUR?			
		that (1) (this hospital			EBRARY 3	19 70 to FE	brary.	5 19 7	70
		last saw the decease			19 <u>70</u> and th	at in(my) (our) api			
	and hour and	from the causes stat	ed above.	(We) (did) (did nat) v	lew the bady after death.				
	23A. SIGNATU	hij Karaans	chan's by	M.D Atter	nding Med.	Staff Phys.	Febr.	ARY 5, 19	170
	23C. PHYSICIA NAME (T)	MIGUEL KAR	ACUSCHA	12	UNION MEM		pital		
24A	REMOVAL (S Burial	AATION, 248. DATE pecify) 2/9/70		y Redeemer Ce		Baltimore,	ly, town, or o	county) (S	tate)
25A	FRO 1	970 R.C. E.	Talkey	REGISTRAR	Leonard J. Ru	gk, Inc. Ba	lto. Md	ADDRESS 14	



4-160 170 1-25 BALTIMORE CITY	HEALTH DEPARTMENT
	TE OF DEATH REG. No. 70 1525
DIKITI 140.	
(Type or Print) JOSEPH N. HUBER	2-DATE AND HOUR OF DEATH 2-5-70 12:05 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md. 916
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY (IMITS?
	Balto. YES X NO
Mergy Hospital, Inc.	E. STREET AND NUMBER
3/	1605 E. 29th St.
5. 5EX 6. RACE 7. MARRIED NEVER MARRIED X	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
M WIDOWED DIVORCED	4-7-1894 lost birthdoy) Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relifed)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Police (City)	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nicholas L. Huber	Mary TXXXXXXX Tillman
	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO.	
Yes WW 1 214-14-9119	Joseph F MAKNIKK 5008 Harford Rd 21214
18. 4 10. 9 [CAUSE OF DEATE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	D C
LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAU	SE Have mysupid infacting 6 day;
hearl failure, asthenia, etc. Il means the disease,	A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	75CVD Kons
DISEASES OR CONDITIONS, if any, giving DUE TO, OR'AS	A CONSEQUENCE OF:
nse to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIDE OF CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A AUTOPSY? (Yes of No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, after the contribution of the con	n or obout 21 C. WHERE DID (If In Bollimore City, give exect location)
0	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Not While	21F. HOW DID INJURY OCCUR?
(APPROX.) While AI No! While Work A! Work	'
22. I certify that ((this hospital) attended the deceased fram	//30 19 70 to Z/5 19 70
that (#(we) last saw the deceased alive an Z	19 70 and that in (aur) apinion death accurred an the date
and have and from the causes stated above. ((We) (did) (did)) v	lew the body after death.
23A. SIGNATURE	23B, DATE SIGNED
Dham	nding Med. Staff Phys. 2/5/70
23C. PHYSICIAN'S	3D. ADDRESS
NAME (Type) BARBEDO M.D.	MERCY HOCP
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LÓCATION (City, town, or county) (Stote)
Burial 2-7-70 Parkwood	Rolto Md
25A. DATE REC'D BY HEALTH DEPT. 259 NAME OF RESISTRAR	Balto. Md.
FFB 9 1970 (Walley & Markey 1600)	
VS 150-REV ₂ 1/1/6B	Lednard & Ruck Inc Balto. Md.

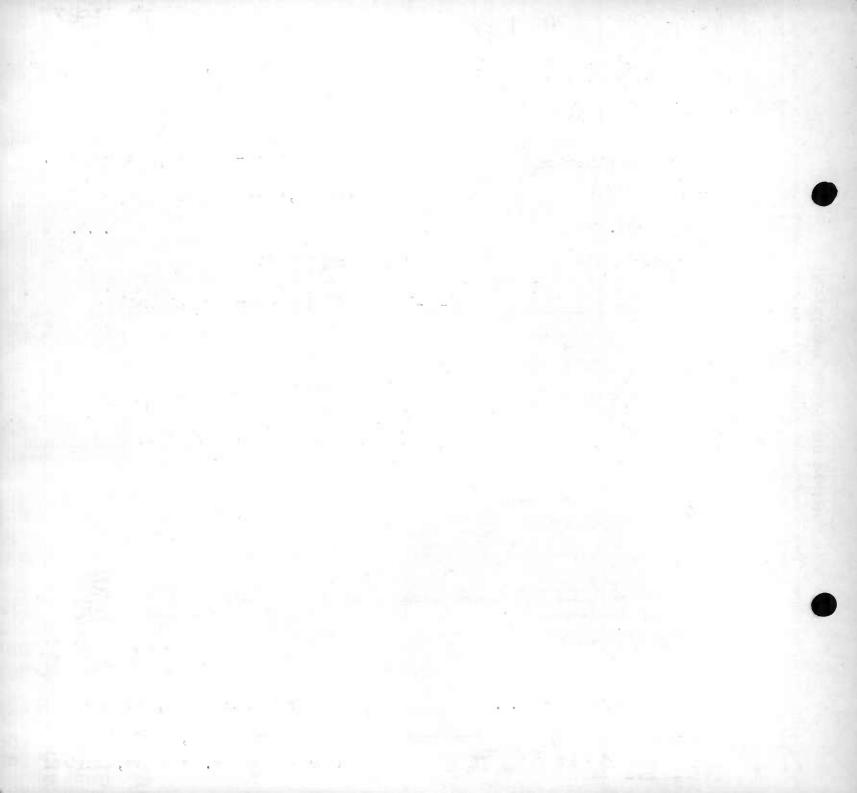
2 . p711 µ 7 EUREEDO VI MERE ANTE

FUNERAL DIRECTOR:

	R-500		1526			TE OF DEATH		70 15	526
	AME OF DECEA	RAINE	Y CH	ARLES	C		RARY 4, 19		1.30 P.
3. P	LACE IN BALTIN	ORE, MARYLAND, W				4. USUAL RESIDENCE (Where deceased lived. If i		
FUI HO	LL NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITATION)	TUTION, GIVE ST	TREET	MARYLE C. CITY OR TOWN		SIDE CITY WMITS?	159
	/	A.I.	1 11	77.1		BALTIMO			NO 🗌
4		Memorif	al Ho	spilal		1655 CO	R LDSPRING L	LANE	
5. S.		RACE WHITE	7. MARRIED	NEVER MAI	RRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Manths Doys	If Under 24 Hrs. Hours Min.
		•	WIDOWED			02-24-09	60		
done	during most of work	king life, even if retired)		pyards	INDUSTRY	11. BIRTHPLACE (Stole of VIRGI		U.S.	WHAT COUNTRY
13. F	ATHER'S NAME					14. MOTHER'S MAIDEN	NAME		
		ARLES RA				ANNA	ADAMS		
15. V (Yes,	Ves Deceesed Evenous (If	er in U.S. Armed Far yes, give wor or dote	ces? es of service)	1 6. SOCIAL SECURITY	NO.	17. INFORMANT		ADDRE	\$\$
	Yes	WW2		235-10-3		Mrs. Elsie	K. Rainey	(Sa	me)
	(This does not heart failure, asl injury or camplic ANT DISEASES OR rise to the control of the c	ADING TO DEATH mean the mode of henio, etc. If means calian which caused IECEDENT CAUSES CONDITIONS, if above cause (A) ONDITION last.	the disease, death.)	(B) DATE		SE CAMPALLIA CONSEQUENCE OF: MACONSEQUENCE OF: CLIZON LYMP		ahysena	
ATI	TO THE DEATH B DISEASE OR CON	NT CONDITIONS CO UT NOT RELATED TO TH DITION GIVEN IN PAR	HE TERMINAL	***************************************			***********************	Ds.	· Clla
RTIFIC	2	PERATION 198 CON WAS PERI	FORMED	WHICH OPERAT	ION	VES	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIS AUSES OF DEATH?	DERED
₹	21A. ACCIDENT OF CONTRIBUTION DEATH (nglify me	WAS UNDERLYING [IG] CAUSE OF dicot examined] 218 han etc.	ne, form, factory,	URY (e.g., ir street, of	or obout 21 C. WHERE Ditice bldg., INJURY OCCU	O (If In Soltimo	re City, give exact lo	ocotion)
	21 D. TIME (M OF INJURY (APPROX)	lonthi (Day) (Yearl		ile Al	Not While At Work		INJURY OCCUR?		
l i		et (1) (this hospital		he deceased f			19 70 to FE I that In(my) (our) opi	beney 4	monocom I / movedoublesses
1	-				•	ew the body ofter dea			
	23A. SIGNATURE	· V	ochans	X M			Shaff M	FEBRARY	4,1970
	23C. PHYSICIAN'S NAME (Typel	MIQUELY KA	RACUSE PRACUSO	HANSKY	- Grand	3D. ADDRESS HE U	NION MEMORI	AL HOSP'I	
	REMOVAL (Spece Burial	110N, 24B, DATE (ify) 2/9/70). Ba	AME of CEMETI Ltimore N			Baltimore	ity, town, or countyl	(Stote)
F	B 9 197	HEALTH DEPT.	Talley	GISTRAR		25C. FUNERAL DIREC	uck, Inc. Ba	-	1214
VS 1	50-REV. 1/1/68					_ 1			

secondary of the second field of the second second

FUNERAL DIRECTOR:



FUNERAL DIRECTOR: IMPORTANT

6	656 10	1528	CERTIFICA	TE OF DEATH	REG. NO	70 156
BIRTH NO	OF DECEASED				HOUR OF DEATH	
(Type or P	ent) EMMA	VIRGINIA	GREENER	Februar	y 6, 1970	2:00
3. PLACE	IN BALTIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where of A. STATE B. COUNTY	-	stitution; residence before
FULL NA	ME OF UE NOT IN HOS	TITZAL GO LATIG	TRACT AVE STREET	Maryland		275
HOSPITAL	OR ADDRESS OR LO	CATION)	TON, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
				Baltimore		YES NO
	1601 Sherw	good Ave.		E. STREET AND NUMBER		
00				1601 Sherwood Av	re.	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years birthdoy)	If Under 1 Yr. If Ur Months! Doys ! Hours
femal	Le caucasian	WIDOWED	DIVORCED	Jan. 4, 1910	60	110013
	L OCCUPATION (Give kind of w		BUSINESS OR INDUSTRY		country)	12. CITIZEN OF WHAT
	most of working life, even if retire	d)		Poltimore Ma		IICA
	ISEWIÍO R'S NAME			Baltimore, Md.		USA
-						
	muel E. Baker			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Margaret	J. Shrick
Yes, no or	eceased Ever in U. S. Armed unknown) (If yes, give wor or d	Forces? lotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No)		213-03-259	7 Mr. William R. C	reener, l	501 Sherwood
18.	7 + X		CAUSE OF DEAT	н		APPROXIMATE
rise	ASES OR CONDITIONS, i to the above couse (A ERLYING CONDITION last.		(c) melas	tatio corcin	mg of l	ings 8
TO THE	II R SIGNIFICANT CONDITIONS (RE DEATH BUT NOT RELATED TO SE OR CONDITION GIVEN IN F	O THE TERMINAL PART 1 (A).	meta	stater Bres	estear	Kmes
DI 19A. D	ATE OF OPERATION 198. CO	ONDITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes of No)	08. IF YES, WERE N CERTIFYING CA	FINDINGS CONSIDERED
U 21A.	ACCIDENT WAS UNDERLYING	20 1210	PLACE OF INITIAL'S	in or about 21C. WHERE DID	(86 tm 9 - latm	a City also asset to a
ORC	ONTRIBUTING CAUSE OF	hem etc.)	e, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(ii in politimor	e City, give exoct locotion
U	H (notify medical examiner)	0				
21 D. T			INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPR	OX.)	Whi Wor	le At Not Whi	le _		
22. 1	certify that (1) (this haspi	tal) attended th	ne deceased from	19,	65 to 1	el-5
	1) (we) last saw the deced		4 / -		7	nian death accurred
that (,, (331, 391	
		total name (view the bady diter death.		
and h	aur and fram the causes s	tated abave. (I	/ (me) (dray) dra riar)			23B. DATE SIGNED
and h		tated abave. (I	Att	ending Med. She	# <u> </u>	238. DATE SIGNED
and h	aur and fram the causes s	etated abave. (I		Med. SN Director Physics	off	238. DATE SIGNED
and h 23A. S	IGNATURE HTSICIANS IAME (Type) Dr. Salv	vatore J.	Degree Phy	Med. Director See Photos. 230. ADDRESS 222 St. Paul St	, Baltimo:	2/6/r/ re, Md.
23A. S 23C. P N	IGNATURE HTSICIANS IAME (Type) AL CREMATION, 248. DATE OVAL (Specify)	vatore J.	DeMarco J DEGREE	Med. Director Physics Physics Physics Physics Physics Physics Paul St. Paul	, Baltimo:	2/6/7
23A. S 23C. P N	IGNATURE HTSICIANS IAME (Type) Dr. Salv	vatore J.	DeMarco J DEGREE	Med. Director See Photos. 230. ADDRESS 222 St. Paul St	Baltimo:	2/6/7 re, Md.
23A. S 23C. P N 24A. BURI REM B1	IGNATURE HTSICIANS IAME (Type) AL CREMATION, 248. DATE OVAL (Specify)	vatore J.	DeMarco Degree Me of CEMETERY of CR rdens of Fa.	Med. Director Physics Physics Physics Physics Physics Physics Paul St. Paul	Baltimo:	2/6/7 re, Md.
23A. S 23C. P N 24A. BURI REM B1	HYSICIAN'S AME (Type) AL CREMATION, 248. DATE OVAL (Specify) 11111	vatore J.	DeMarco Degree Me of CEMETERY of CR rdens of Fa.	Med. Director Ph. 23D. ADDRESS 222 St. Paul St EMATORY 24D. LOC 1th Cemetery 25C. FUNERAL DIRECTOR	Baltimo	2/6/7 re, Md. iv. town, or county) ore, Md. ADDRESS
and h 23A. S 23C. P N 24A. BURI REM B1 25A. DAT	HYSICIAN'S AME (Type) AL CREMATION, 248. DATE OVAL (Specify) 11111	vatore J.	DeMarco Degree Me of CEMETERY of CR rdens of Fa.	Med. Director Ph. 23D. ADDRESS 222 St. Paul St EMATORY 24D. LOC	Baltimo	re, Md. Ty. town, or county) ore, Md. ADDRES

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

NO

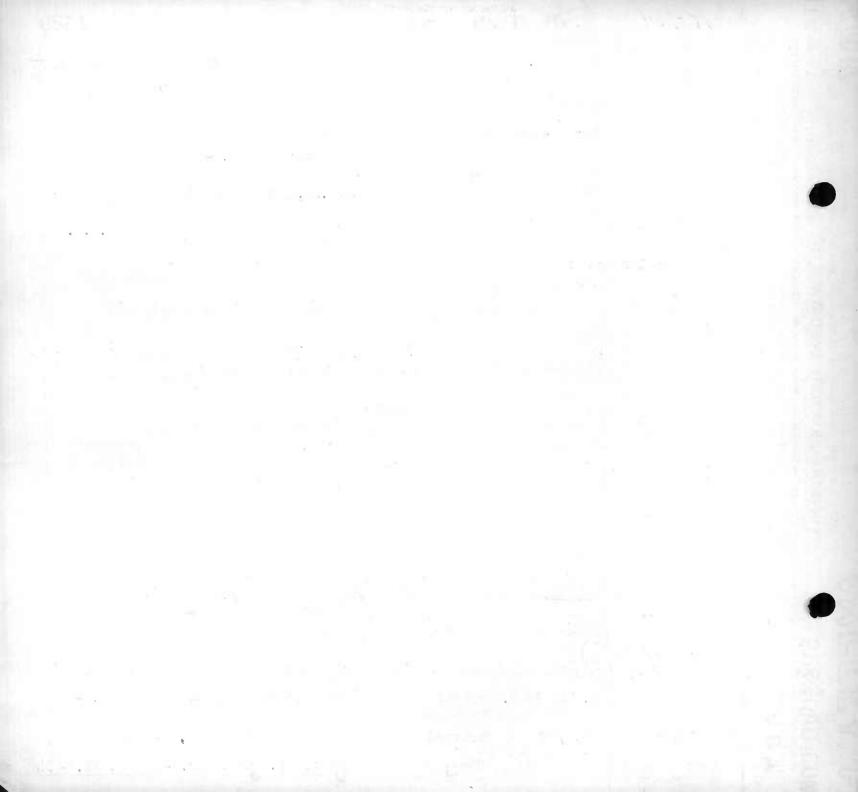
Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

U.S.A.

ADDRESS

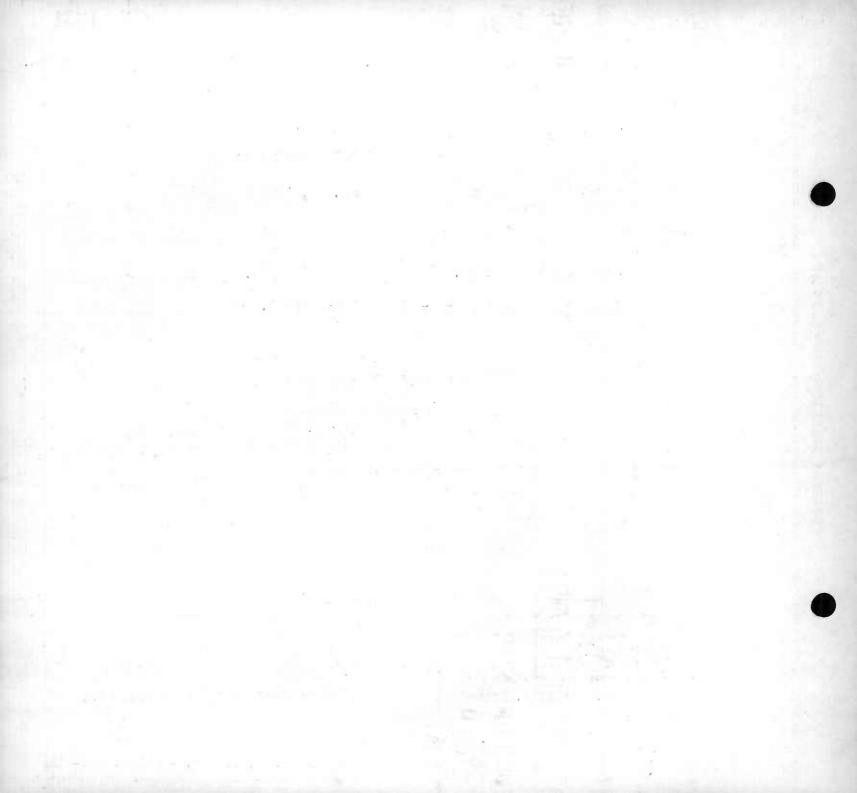
If Under 24 Hrs. Hours Min.



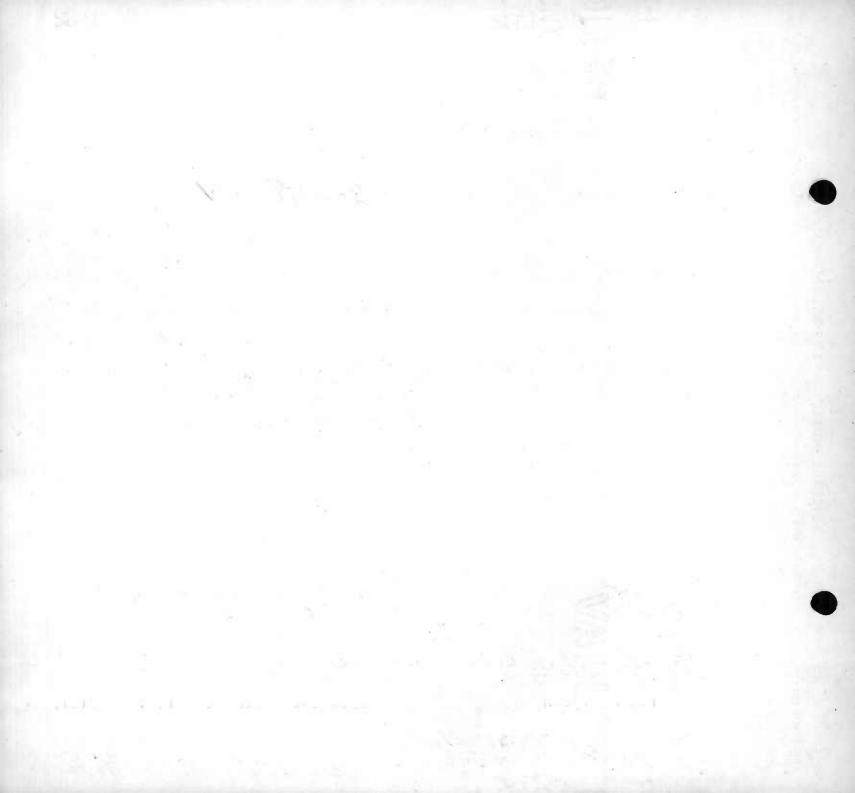
70 1530	
BALTIMORE CITY HE	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 1530
BIKIH NO.	
NAME OF DECEASED (Type or Print) BENJAMIN MIKLES Sr.	2. DATE Known Month Doy Yeor Hnur
	DEATH Estimoted February 5, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVESTREET	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	February 5, 1970 '2:06 A. N
	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
Union Memorial Hospital (DOA)	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	
11	2801 Christopher Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAS CAUNTRY?	Bart Mikles
IAA. USUAL OCCUPATION (Give kind of work) AB. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
Marine Engineer Ret. Shipping	Elizabeth Zeller
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or doles of service) SECURITY DO.	IB. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service)	Mrs. Wanda Mikles same
19. CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY Arterioso	clerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE	
(This does not meon the mode of dyling, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
	AS A CONSEQUENCE OF:
II UNDERLYING CONDITION TAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	
22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g.,	In or obout 22C, WHERE DID (If in Rollimore City give exect leculor)
UNDERLYING OR CONTRIB. home, form, foctory, street, office	In or obout 22C, WHERE DID (If in Boltimore City, give exact location) se bidg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX) WHILE AT NOT	WHILE TO
m. WORK AT W	YORK U
I certify that I held on Inquiry Inspection X Au	topsy ond that on this basis, death in my opinion
resulted from: Natural couses Accident Suicid	
Accident Solicity	CHIEF MEDICAL EXAMINER
ACTUAL ACTUAL	DATE SIGNED
SIGNATURE M.D	
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER February 5, 1970
24A, BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY	
REMOTAL (Specify) 2/7/70 Moreland Mem.	(and the state of
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	4 to 0 to
EEB 0 1970 Poles & Falley R. R.	25C. FUNERAL DIRECTOR ADDRESS
FEDB BILL ANDERS & James &	Leonard J. Ruck Inc. Balto. d.
VS 151-RFV, 1/1/68	

and the same of th central discission Server State of the form

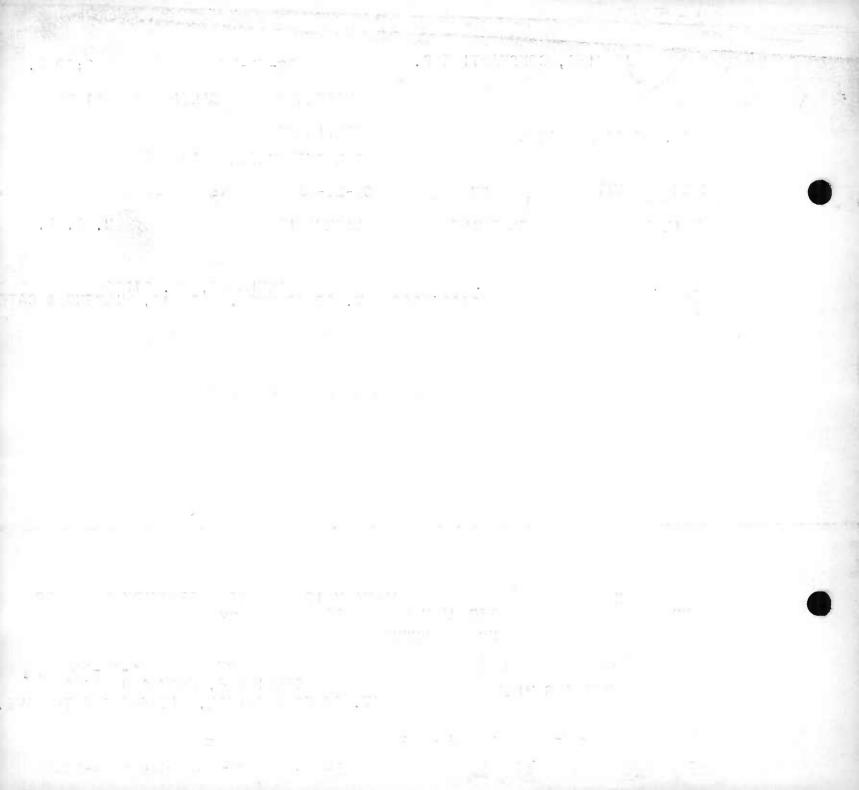
<		1-10		BALTIMORE CIT	Y HEALTH DEPARTMENT		() 4 () 4
BIRT	5-530 H NO.	70	1531	CERTIFICA	ATE OF DEATH	REG. NO	70 1531
	AME OF DECEASED	GEORGE	ANDREW	SMITH J		6, 1970	6:45
FUL	PITAL OR A		AL OR INSTITUTION		4. USUAL RESIDENCE (WHA. STATE B. COU Maryland	NTY	institution: residence before admi
INST	Harfo	rd G arde n	s Nursing	Home	Baltimore E. STREET AND NUMBER 3011 Rosalie		YES NO NO
5. SE	X 6. RAC	E	17		B. DATE OF BIRTH	9. AGE (in years	II Under 1 Yr II Under 24
n	nale car	ucasian	WIDOWED A	NEVER MARRIED DIVORCED	Mar. 16, 1885	lost birthdoy 81	Months Days Hours N
done	usual occupation during most of working to Draftsman		Baltimo:		Y 11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COL
	ATHER'S NAME		Dar Cimo.	16 OT CA	Maryla 14. MOTHER'S MAIDEN NA		USA
15. W (Yes,	George George Control (of yes,	U. S. Armed For	s of service)	5. SOCIAL SECURITY NO. 17-16-4455	Dl Miss Ida M.		ADDRESS
TION	(This does not med hearl failure, astheni injury or complication	ed, etc. II means in which coused EDENT CAUSES NDITIONS, if we couse (A) DITION lost. I CONDITIONS	the disease, death.) ony, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A).	(a) INVARIDATION (B) DIE TO JA A (C) LLLL (SANCONSEQUENCE OF CONSEQUENCE OF CON	rous	- Blays
U	9A. DATE OF OPERA	TION 198. CON	FORMED				E FINDINGS CONSIDERED AUSES OF DEATH?
L CERTIFIC	9A. DATE OF OPERA	WAS PERI S UNDERLYING CAUSE OF	21B, PL		in or obout 21C. WHERE DID office bidg., NJURY OCCUR?	IN CERTIFYING C	e FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFIC	9A. DATE OF OPERA	WAS PERI S UNDERLYING CAUSE OF	218, PL home, etc.)	JURY OCCURRED	olfice bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFIC	9A. DATE OF OPERA 21A. ACCIDENT WAS DR CONTRIBUTING DEATH (notify medico 21D. TIME DF INJURY APPROX.) 12. I certify that (I) hat (I) (we) last so	WAS PERIOR CAUSE OF I exominer) (Abis heapirol aw the decease	(Hour) 21E, PL, home, etc.) (Hour) 21E. tN While Work) attended the et alive an	JURY OCCURRED At Not Wh At Work deceased from West (did) (did nat)	21F. HOW DID IN ille and the standard of the s	IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFIC	9A. DATE OF OPERA 21A. ACCIDENT WAS DEATH (notify medico 21D. TIME OF INJURY APPROX.) 12. I certify that (I hat (I) (we) last so and hour and from 3A. SIGNATURE 3C. PHYSICIAN'S NAME (Type) D:	WAS PERIOR WAS PERIOR OF I exominer) (Abis he-pirol ow the decease the couses stote of the couse stote of the couses stote of the couses stote of the couses stote of the couses stote of the couse stote of the couse stote of the couses stote of the couse stote of the	(Hour) 21E. IN While Work attended the ed alive an med obove. (I) (V. Harbo	JURY OCCURRED At Not Wh At Work deceased from West (did nat)	21F. HOW DID IN And the Director	IN CERTIFYING C (If in Boltim JURY OCCUR? 192 ta	ore City, give exoct location) 19 pinion deoth occurred on the 23B. DATE SIGNED imore, Maryland
WEDICAL CERTIFIC	9A. DATE OF OPERA 21A. ACCIDENT WAS DR CONTRIBUTING DEATH (notify medico 21D. TIME DF INJURY APPROX.) 22. I certify that (I hat (I) (we) last so and hour and from 3A. SIGNATURE	was PERIS UNDERLYING CAUSE OF I exominer) (Ause Of I exominer)	(Hour) 21E. IN White Work all oattended the red alive an	JURY OCCURRED At Not Wh At Work deceased from West (did) (did nat) Hecket Ch DEGREE E of CEMETERY or CH	21F. HOW DID IN Med. 23D. ADDRESS 4706 Harford REMATORY 24D. I	IN CERTIFYING C (If in Boltim JURY OCCUR? 196 ta	ore City, give exoct location) 19 pinlon deoth occurred on the large of the large



M 10 170 1-0	BALTIMORE CITY	HEALTH DEPARTMENT		17/0	4-00
620 10 153	CERTIFICA	TE OF DEATH	REG. NO.	70	1532
1. NAME OF DECEASED (Type or Print)	Milano	2. DATE AND	HOUR OF DEATH	0	230,
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution; resid	dence before admission)
		A. STATE B. COUNT	/	5	710
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMIT	TS?
George Washington) NURS, Home	BALtimor	0	YES 🔀	NO 🗌
901		1805 D.	hase 5	tre	et
5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years st birthday)	II Under 1	Yr. If Under 24 Hrs.
male Non while widow		8-18-79	7/		
done during most of warking life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fareign	country)	12. CITIZEN	OF WHAT COUNTRY?
Police		MARYLAN	d	4	ISA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	- The same of the		
	ers	MARY	1ASCO		DDRESS
15. Was Deceased Ever in U. S. Armed Faices? (Yes, no grunknown) (If yes, give war or dates of serv	SECURITY NO.	17. INFORMANT		0	DDKESS
NO	218-14-9190	ChArt# 411	607	Penn	
18. 4 36 19 1	CAUSE OF DEAT	1.11.13.	. 00/		WEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAL	ral Ope	plexy		Merris
(This daes not mean the made of dying, heart foilure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF			
injury ar complication which caused death.)	c lla	1 10	10	1	-
ANTECEDENT CAUSES	(B) // /	will y	JUNO 1	clevi	25/
DISEASES OR CONDITIONS, if ony, gi		A CONSEQUENCE OF	and al	-	4/14/69
UNDERLYING CONDITION last.	(c)	ranea /	o a cecr	mon	1/17/0/
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	No all	20 -			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).		avua			
	OR WHICH OPERATION	20A. AUTOPSYT (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS COUSES OF DE	ONSIDERED ATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n ar about 21C. WHERE DID	(II In Boltimor	e City, give e	xact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, factory, street, a	nice bidg., INJURY OCCUR?			
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
(APPROX.)	While At Not While At Wark				0 -
22. 1 certify they (1) this hospital) attend	ed the deceased from A	4 JUNE 19	69.06	Fe	t- 1970,
that (1) (we) lost sow the deceased alive	on 2 Fel	19. 20 ond the	r ir my (our) opi	nion deoth	occurred on the date
and hour and from the couses stated above	e(1) (We)(did) (dld not)	iew the body ofter deoth.			
23A. SENATURE	11/1/11/11	nding Med. S	. " =	23 B. DATE	SIGNED
Jecheliel V	GEGREE Phy	s. Director P	taff hys.	2	6-10
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
Richard Tyson MD	GEGREE	2320 Eutaw St		o. Md	21217
REMOVAL (Specily)	C. NAME OF CEMETERY OF CR	MATORY 24D. LO	CATION (C)	ty, town, or o	(State)
25A, DAIE REC'D AN MEALTY DEVI. A CIZE NA	ME OF REDSTRAR	25C. FUNERAL DIRECTOR	NE MKUL	PEL	ADDRESS
25A. DATE REC'D AN HEALTH DIT.		O ROLE STR	SPULL.	5 19	170 En St.
VS 150-REV, 1/1/6B	The state of the s	COLMINTAN	Jeruse	0 71	62101031



VS 150-REV. 1/1/68

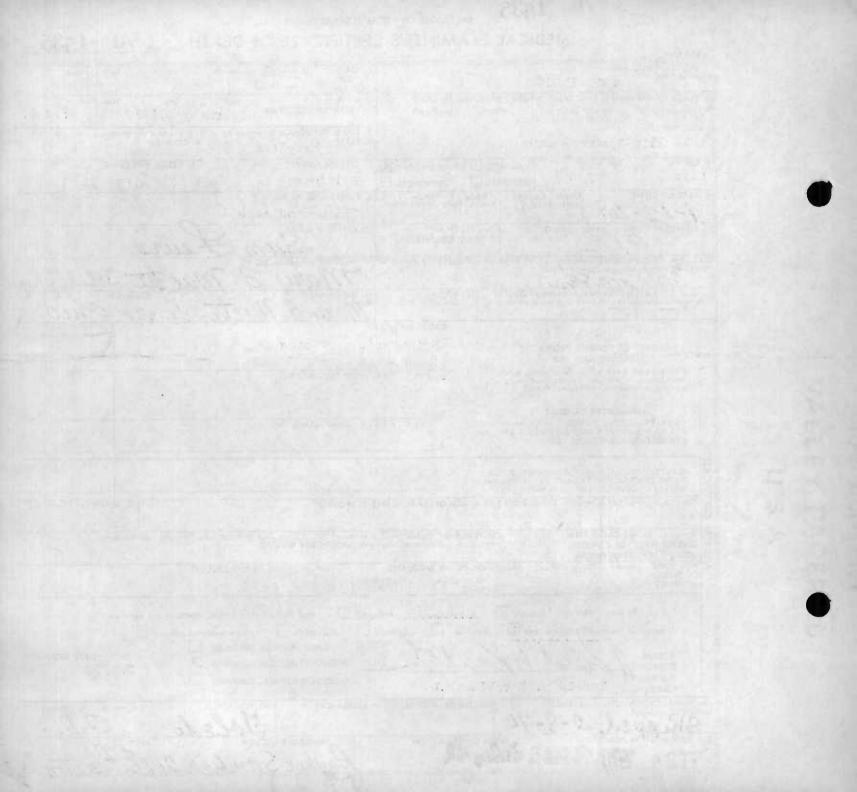


DIRECTOR:

FUNERAL

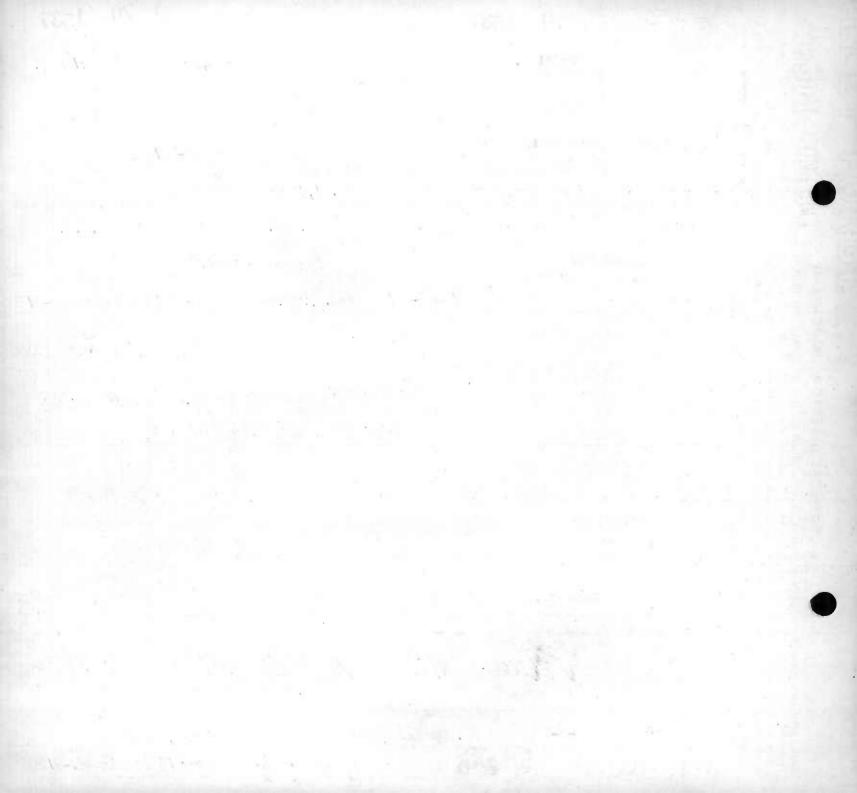


1-200 BALTIMORE CITY HEA	ALTH DEPARTMENT
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 70 1535
BIRTH NC.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Knawn Manth Day Year Hour
FRED LEWIS	OF DEATH Estimoted .
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD February 3,1970 2:10 P.
OR INSTITUTION	M. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
2818 Bormon Avenue	A. STATE Maryland B. COUNTY
6. SEX 17. RACE 8. MARRIED 1 AUTHOR MARRIED 1771	
Male Negro MARKIED LI NEVER MARKIED IN	
MIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years Munder 1 Yr. 1 Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER
1-12-27	2818 Borman Avenue
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
MAT COUNTRY?	Sam Feurs
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	
done during most of working lile, even liretired)	Mary B. Macter Toledo Opio
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	may A Mast - Nouve ship
19. / G CAUSE OF DEAT	TH APPROXIMATE INTERVAL
1 / 9 9 0 1	BETWEEN ONSET AND DEATH
	ic Carcinoma
LEADING TO DEATH (A)IMMEDIATE C.	
(This does not meon the mode of dying, e.g., heart follure, osthenio, etc. It meons the discose, injury or complication which caused death.)	S A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
lo l	21. AUTOPSTY (18 OF ITO)
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., t	no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	In or obaut 22C, WHERE DID (If in Baltimare City, give exact location) bldg., etc.) INJURY OCCUR?
7	
OF INJURY	22F. HOW DID INJURY OCCUR?
m. WORK AT WO	WHILE
23.	
I cortify that I held on Inquiry Inspection Aut	opsy and that on this basis, death in my apinion
resulted from: Nonural causes 🗵 Accident 🗌 Suicide	e Homicide Undetermined manner
671711	CHIEF MEDICAL EXAMINER
SIGNATURE MUST MAN MAN	ASSISTANT MEDICAL EXAMINER X
FXAMINERS	ASSOCIATE MEDICAL EXAMINER 2/4/70
NAME (Type) Ronald N. Kornblum, M.D.	MOOGINE MEDICAL EXAMINATE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY O	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specily)	190-1 131.
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	OCEdo Theo
	25C, FUNERAL DIRECTOR ADDRESS
FEB 9 1970 Pales & James 184.	Raymen Sanders 217 E. Prants



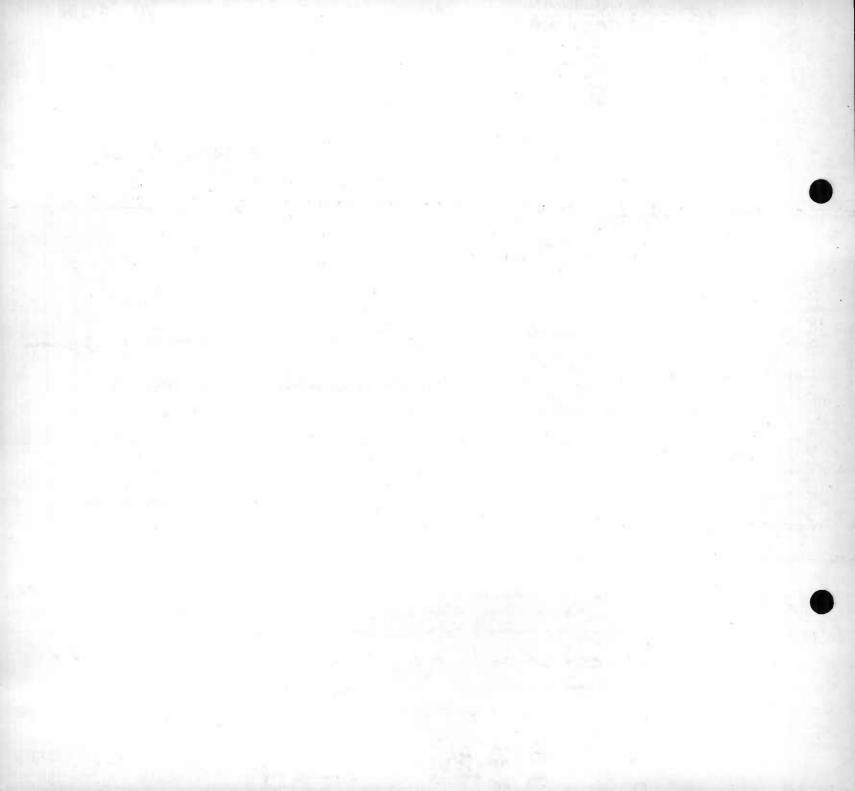
SKOST BENEDAL A STAS Mile - Poplet (1 1 - 98t m) recommend to the . 起了是现在我们的发生转型。 IMPORTANT

FUNERAL DIRECTOR:



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



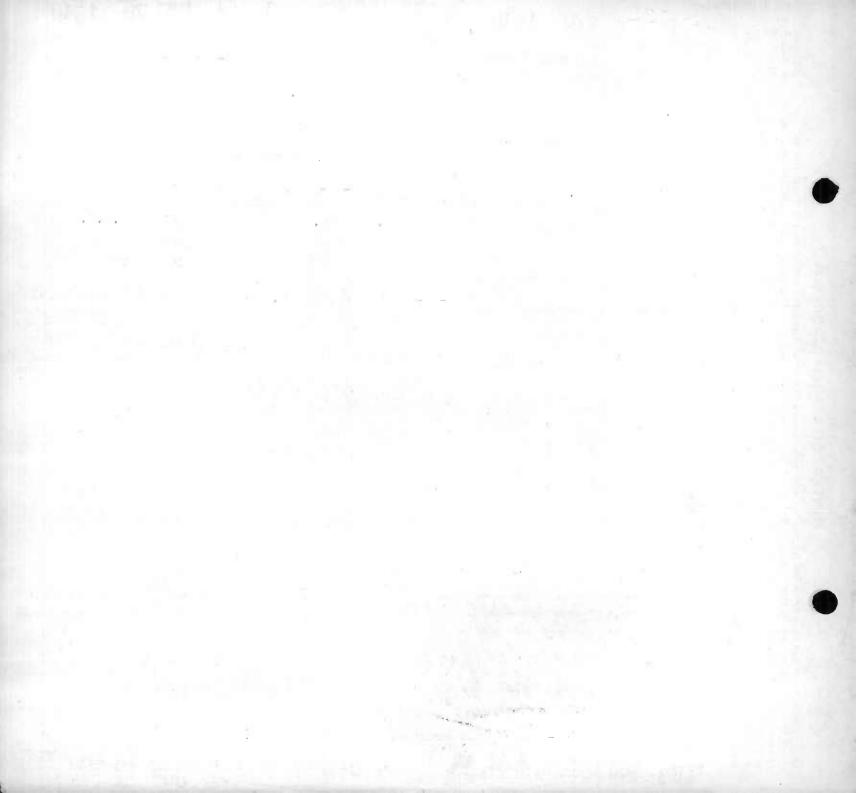
C-160 70 1539		HEALTH DEPARTMENT	REG. NO.	70 1539
I. NAME OF DECEASED	CERTIFICA	TE OF DEATH		
Type or Print DANA RAE CO	OOPER		\$*&) II 2-4	-70 1:40P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE IV	/here deceased lived. If in	stitution: rasidence before admission)
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATIONS	UTION, GIVE STREET	A. STATE B.CO	11 10011100	72-00
INSTITUTION ADDRESS OF EOCATION)		c. Ch. Ja Lowy I L L	D. INS	IDE CITY LIMITS?
3 THE JOHNS HOPKINS HOS	SPITAL	E. STREET AND NUMBER BOX 101	<u> </u>	YES NO X
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr., If Under 24 Hrs. Manths: Days Hours Min.
FEMALE WHITE WIDOWED		12-24-64	5	
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland		USA
13. FATHER'S NAME Medford		14. MOTHER'S MAIDEN		
FRANKLIN/COOPER	16		PARSONS	
15. Was Doceased Ever in U. S. Armod Forces? Yas, no or unknown! (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT (Fath		ADDRESS
no		Mr. Frank M. (Cooper, Box 1	
18. 2 0 4 0 1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ALL DAMEDIATE CAL	Titracell	and along	1 1 /2 4/2
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO, OR AS	A CONSEQUENCE OF:	MAN MORE	LAVI EUNEUM
ANTECEDENT CAUSES	There	Parit a.	ed.	7 de
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	0.	2 4576 3
rise to the above cause (A) stating the UNDERLYING CONDITION last.	10 Acute	ymphoblastic	Paylcemia	14 mouth
II II		1 1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		YES	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF hom pleased the contribution of the contr	e, form, factory, street, al	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimar	e City, give exoct location)
I = IOF INJURY	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.) Whi	le At Not While At Work			
22. I certify that (1) (this haspital) attended the	ne deceased from	2/3 ~	19 10 ta	7/4 19#0
that (1) (275) last saw the deceased alive on	3/4	197 () and		nion death occurred an the date
and have and from the causes stated above. (1) (Wé) (dld) (ရိုင်)တနာ) v	lew the bady after deat	h.	
23A. SIGNATURE	1/61/2027/1/1 / Dhan	nding Med.	Staff D	23R DATE SIGNED
23C. PHYSICIAN'S NAME Prypol	ZI Y DEUNEE	23D. ADDRESS	Phys.	14/70
JOSEPH CO			HNS HOPKINS	HOSPITAL.
REMOVAL (Specify)				ly, town, or county)
	tsville Cemet	*	Pittsville,	F 5 1 1 7 4 7 4 7 5 7 7 1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAWS	F REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
VS 150-REV. 1/1/68		1 He I I DWay &	Company, Sali	sbury, Maryland



IMPORTANT

FUNERAL DIRECTOR:

	BALTIMOR	RE CITY HEALTH DEPARTMENT	,	70 1510
L-522 70	1.540 CERTIE	FICATE OF DEATH	REG. NO	70 1340
SIRTH NO.	CERTII		AND HOUR OF DEATH	
	Inches	2. DATE	2- 2- 197	
3. PLACE IN BALTIMORE, MARYLAND, WE	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA NSTITUTION	L OR INSTITUTION, GIVE STRE	Md. 7	Balto.co,	5300
NSITOTION		Baltimore		YES NO
Union Mem	orial Hospital	E. STREET AND NUMBER		
44		313 Langley	Road 2122	1
SEX 6. RACE	MARRIED NEVER MARRI		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs.
Male Cau.	WIDOWED DIVORC	ED 9-17-1903	last britingoy) 66	
A. USUAL OCCUPATION (Give kind of work)	OB, KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
Mantainance man	Holy Redeemer	Cem. Pa.		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	Inches		Mart	Howard
5. Was Deceosed Ever in U. S. Armed Forc (es, no or unknown) (If yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO	17. INFORMANT		ADDRESS
No	168-03-8		Inches 313 L	angley Road 21221
18.4/011	CAUSE OF	DEATH / DISE	MI	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIR	ECTLY	- A CUTE		
LEADING TO DEATH	(A)IMMEDI	ATE CAUSE CARDIOG	ENIC SHO	BCK
(This does not mean the mode of heart foilure, asthenia, etc. It means	dying, e.g., DUE TO	, OR AS A CONSEQUENCE OF:		
injury or complication which coused			-2.	AS =
ANTECEDENT CAUSES	Co	RONARY ART	CRY DIST	-2105
DISEASES OR CONDITIONS, if o	ny, giving (B)	RONARY ART		
rise to the above cause (A)	stating the			
UNDERLYING CONDITION last.	(c)		,,	
2 071150 210 110 110 110 110 110 110 110 110 11				
TO THE DEATH BUT NOT RELATED TO TH	E TERMINAL			
DISEASE OR CONDITION GIVEN IN PART	1 (A).	N 20 A. AUTOPSY? (Yes or	Nol 208. IF YES WEDE	FINDINGS CONSIDERED
2 19A. DATE OF OPERATION 19B. CONE WAS PERFO	DRMED TOR WHICH OFERA HO	AUTOF31; (res of	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJUR	RY (e.g., in or obout 21 C. WHERE DID	(If In Baltima	ire City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, s	street, office bldg., INJURY OCCUR	, , , , , , , , , , , , , , , , , , , ,	(1 B a annual tangettati)
21D.TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURE		NJURY OCCUR?	
(APPROX.)	Work L	Not While At Work		
22. I certify that (I) (this haspital)	attended the deceased from	9:63 Feb. 2	1970 10/0:1	(.M.) Feb. 2 1970
that (I) (we) last saw the deceased	alive of 8:30 AM) F	4 2 1970 and		inian death accurred an the dat
				man death accorded an the da
23A. SIGNATURE	ea apave (I) (We) (did) (did	nat) view the bady after deat	n.	238, DATE SIGNED
ano Toulogo	mill 11 T	Attending Med.	Staff [T]	
2001-1-1(04/1	M. DEG	Attending Med. Phys. Director	Staff Phys.	2-4-70
23C. PHYSICIAN'S NAME (Type) N. M. CARNO	VA, M.D.	23D. ADDRESS	1000 MER	1. Itasp.
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETER	Y OF CREMATORY 24D	LOCATION (C	City, town, or county) (Stote)
Burial 2-5-1	970 Holy Redee	mer Cemetery	Baltimore	City Md
	25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECT		ADDRESS
man a appear On all	30.00			401 Belair Road 212
TELESTICAL CONTRACTOR OF THE PARTY OF THE PA		n-danage	One it	tor otoll mond cre
3 4 30 - ME A #ER / 1/ 00 -				

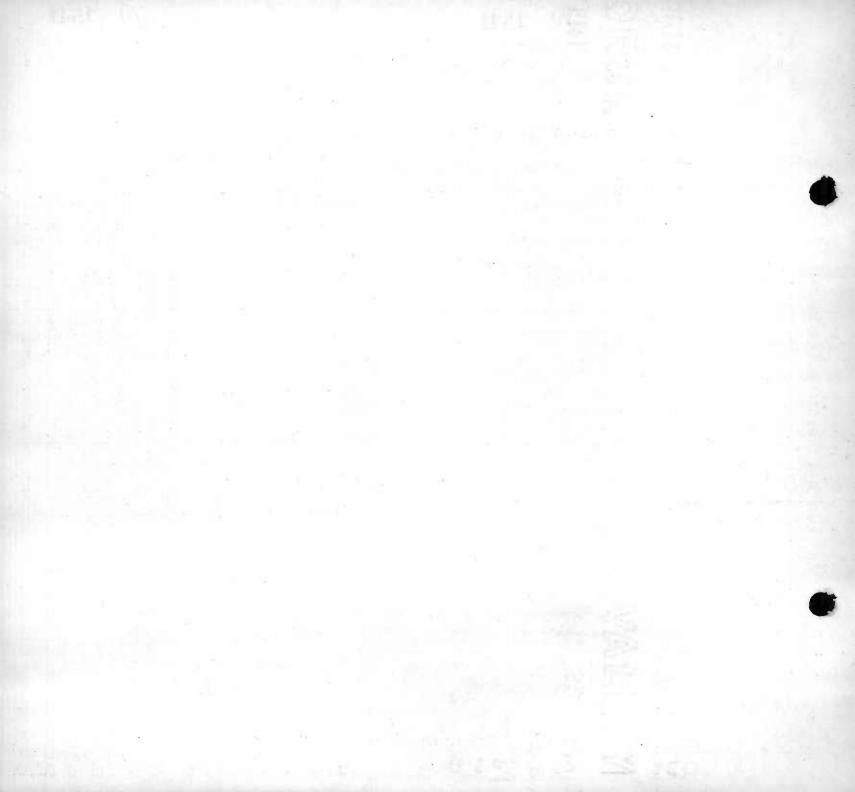


IMPORTANT

FUNERAL DIRECTOR:

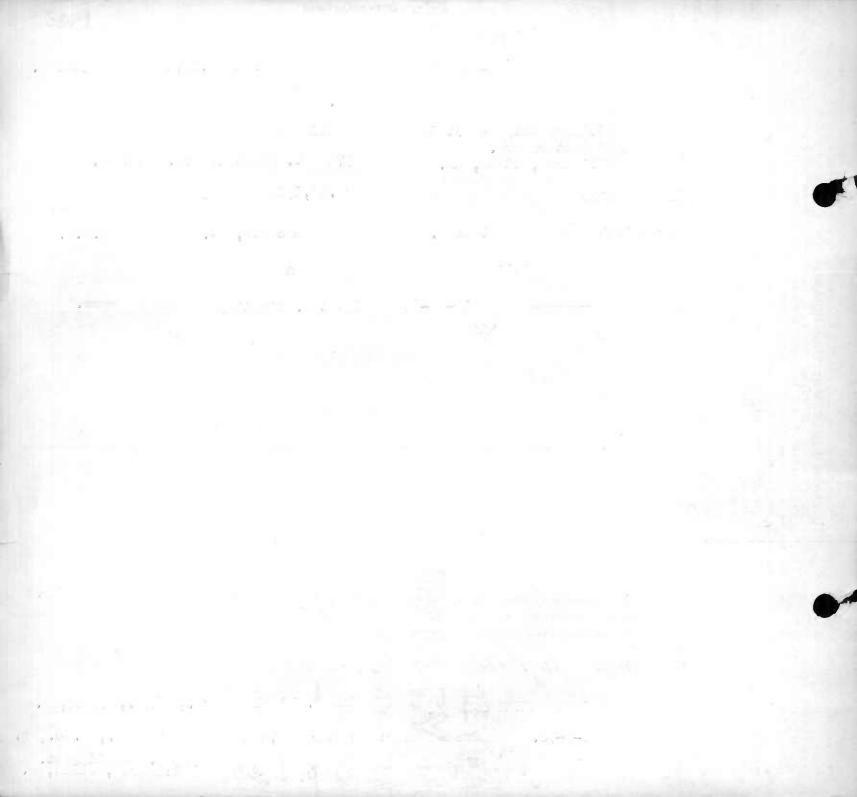
VS 150-REV. 1/1/68

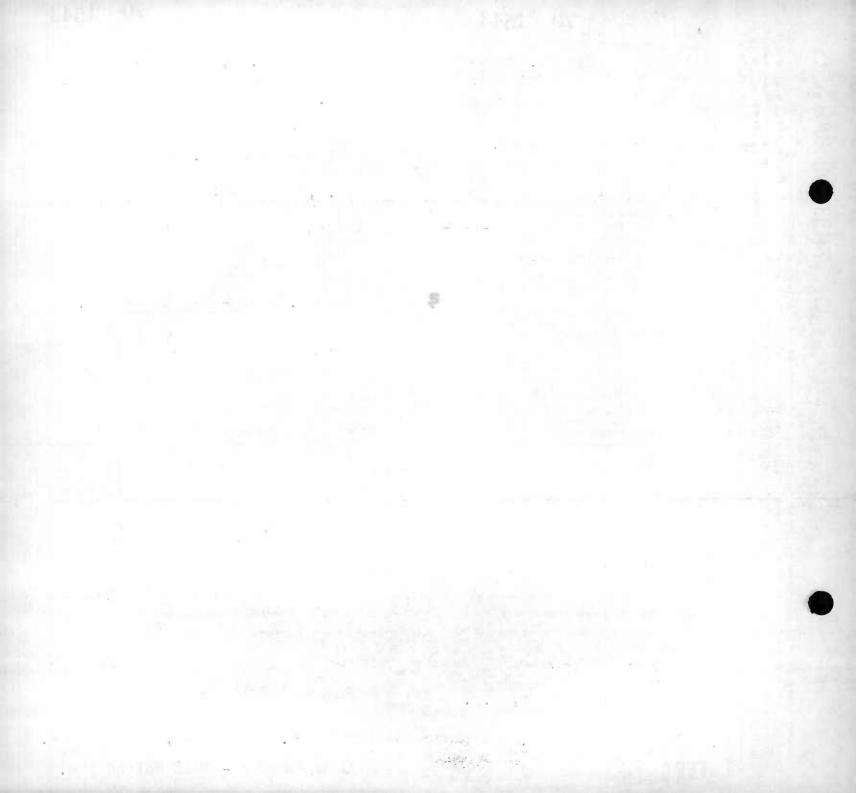
BALTIMORE CITY HEALTH DEPARTMENT



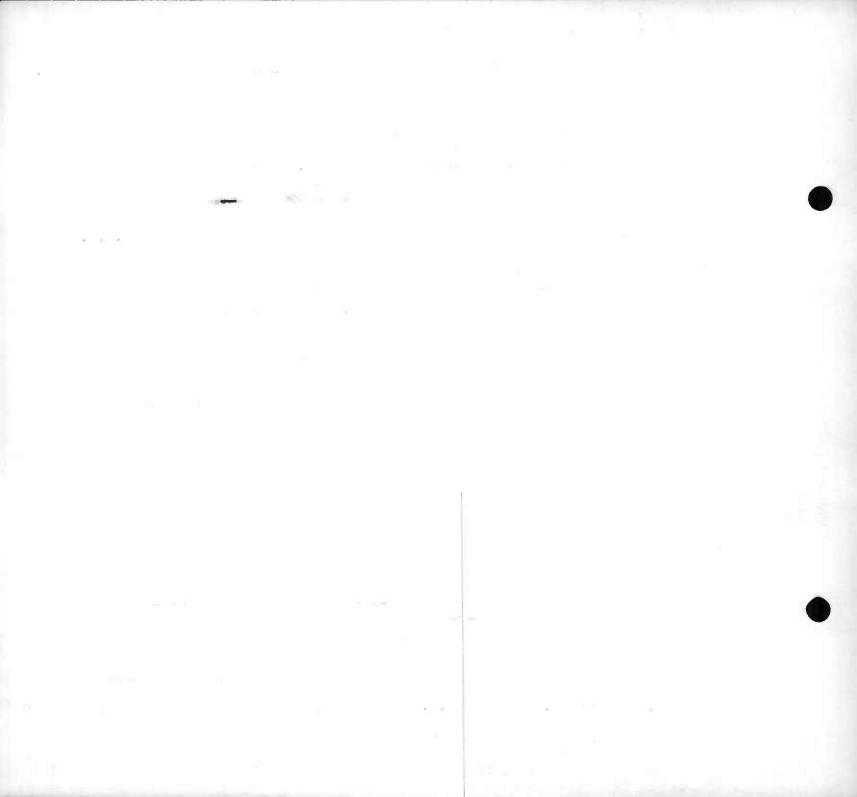
Such

11-11			BALTIMORE CITY	HEALTH DEPARTMENT		4 40
1-524	70	1-15	CERTIFICA	TE OF DEATH	REG. NO	70 1542
NAME OF DEC		154%			AND HOUR OF DEATH	1
Type or Print)	ALICE	MAE Y	INGLING	Teh	ruary 6,1970	2 • 00 A M
PLACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (V	vhere deceased lived. If	institution: residence before odmission)
	HE NOT IN HOSPIT	AL OR INICITI	TON CIVE STREET	Md. B. CO	ONII	1100
ULL NAME OF	ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	C. CITY OR TOWN	In. IN	SIDE CITY LIMITS?
NOITUTION	Baltimore	City Ho	enitale	Baltimore		YES X NO
21	4940 Easter			E. STREET AND NUMBER	?	
01	Baltimore		. Md.	3716 Mt. P.	leasant Ave.	# 21224.
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
emale	White	WIDOWED		Aug. 16, 1916	53	
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	working life, even if retired) Work	1.4	Home.	Manage	non Be	TT C A
FATHER'S NA			HOME.	14. MOTHER'S MAIDEN I	sen, Pa,	U.S.A.
. W D	d Ever in U. S. Armed For	William	18 1 6. SOCIAL	Ann		ADDRESS
es, no or unknaw	al (If yes, give wor or date	rces: es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No		-	213-03-6283	Albert E. Yi	ngling	Same.
18. 4	2,4		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		17+1	11/11/1	
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE Men Paly	Tich. V. win	LYPS
	nal mean the mode of , asthenio, etc. 11 meons			A CONSEQUENCE OF:		
	mplication which coused					
	ANTECEDENT CAUSES		4-1			
DISEASES	OR CONDITIONS, if	ony, giving	(B)	A CONSEQUENCE OF:		
	ne abave cause (A)	slaling the				
UNDERLIIN	G CONDITION losi.		(C)			
2		A LEDIOLITINI C				
TO THE DEA	IFICANT CONDITIONS CO	HE TERMINAL				
	CONDITION GIVEN IN PAR F OPERATION 19B. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208, IF YES, WERE	FINDINGS CONSIDERED
19A.DATE O	WAS PER				IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDE	ENT WAS UNDERLYING	7 21B.	PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DIE) (If In Boltime	ore City, give exoct locotion)
, OR CONTRIB	UTING CAUSE OF	hom etc.)	e, form, foctory, street, o	ffice bldg., INJURY OCCUR	?	
١				015 110111 010		
21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		Wor		e 🗆 ,	111 0	,
22. I certif	y that (1) (this haspita	I) attended ti	he deceased from	10	19 6 y to	m, 6 1970
) last saw the decease			6 19 7 0 and		pinian death accurred an the date
		/	1			siman deam deconed an ine gan
		red abave.	(me) (dia) (dia nati)	riew the bady after dear	in.	23 B. DATE SIGNED
23A SIGNAT	OKE A	111.00	- mM AH	ending Med.	Staff	23 B. DATE SIGNED
0011	arren ka	avse	OEGREE Phy	s. Director	Phys.	11/170
PHYSICI NAME	AN'S (Type)	1		23D. ADDRESS		
	BENJAMIN	HIGHST	ETN	121 S. High	nland Ave. B	alto., 21224, Md.
4A. BURIAL CR	EMATION, 24B. DATE	24C. NA	AME of CEMETERY OF CR	. 0		City, town, or countyl (Stote)
REMOVAL	(Specify)).	Sacred Heart	Cemetery 7	AOI Garman H	Hill Rd., Ba. Co., Md.
	D BY-HEALTH DEPT.	- 258 NAME &		25C. FUNERAL DIREC		
CEDA	1070 22.08	Salla.	200	a led me of	201	S. Conkling St. timore, 21224, Md.
1593	CIT ADDING .			lagaries of	youler Ball	timore, 21224, Md.
/S 1150-REV1/1/1	/08				1	

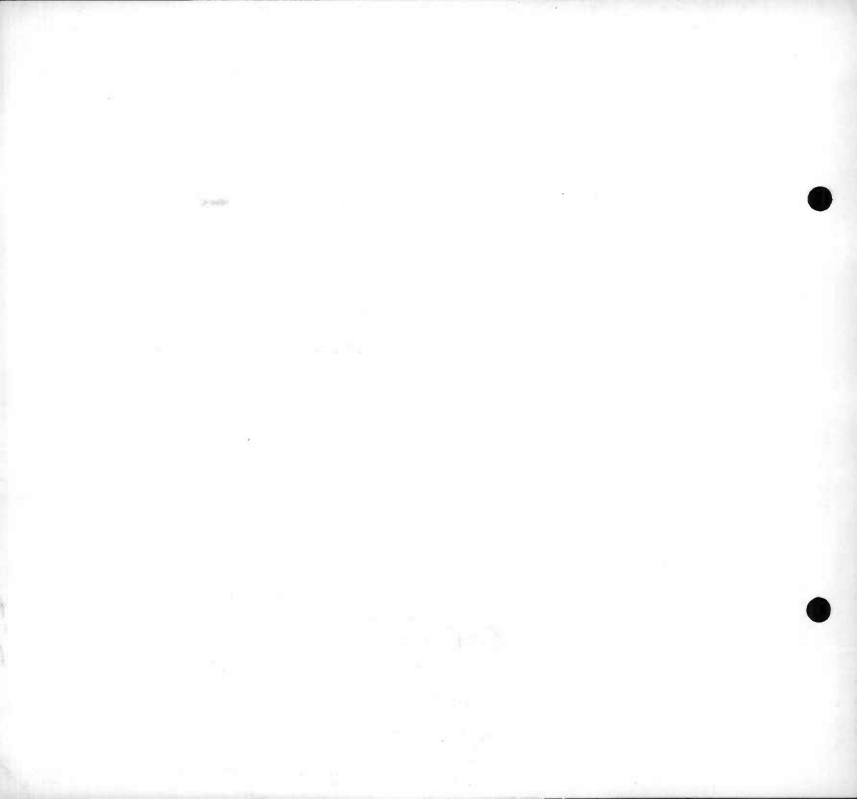




-	2 111	1210		BALTIMORE CITY	HEALTH DEPARTMENT		70 1544
	RTH NO.		1544	CERTIFICA	TE OF DEATH	REG. NO	70 1544
	Pe or Print)		D.33			AND HOUR OF DEATH	
3.	PLACE IN RAIL	IMORE MARYLAND, W	s Bille	oups	2-7	-70	1:15 a. A
	TENGE III DAE	MAKIEAND, W	HERE PRONO	UNCED DEAD	A. STATE & COL	NTY	nstitution: rosidence before admission
H	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION. GIVE STREET	Maryland		1603
IN	STITUTION			spital Inc.	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
	29			n Street	Baltimore		YES KX NO
				aryland		- 2 01	
5.	SEX	6. RACE			1613 W. Lan		
	emale	Negro	WIDOWED	NEVER MARRIED DIVORCED	8-23- 1906	9. AGE (In years last birthday)	If Under 1 Ys. If Under 24 His Months Days Hours Min.
10/	USUAL OCCU	PATION (Give kind of work			11. BIRTHPLA CE (State or lo	teian country)	12. CITIZEN OF WHAT COUNTRY
dor	unemploy	rorking life, even if refired)			North Caroli		U.S.A.
13.	FATHER'S NAM	1E			14. MOTHER'S MAIDEN N.	AME	
1	TEUBB	N TILLE	MY		HONENC.	6	
5.	Was Deceased	Ever in U. S. Armed For	cos?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	NV	ui yas, give wor or dole	s or service)	SECURITY NO.	Mr. Edward B	:]] (II	-h3\ C
	18. < ->	/ ()		CAUSE OF DEAT		TITOUPS (NU	APPROXIMATE INTERVAL
z	(This does no heart failure, or injury or comp A DISEASES OF rise to the UNDERLYING	LEADING TO DEATH of meen the mode of psthenio, etc. If meens plicotion which caused NTECEDENT CAUSES R CONDITIONS, if above couse (A) CONDITION lost.	the disease, deoth.) ony, giving stoling the	(a) Chroni	SE Cirrhosis A CONSEQUENCE OF: C Alcoholism A CONSEQUENCE OF:	of the Live	
ATIO	TO THE DEATH	CANT CONDITIONS COI BUT NOT RELATED TO THE NOTION GIVEN IN PART	E TERMINAL	***************************************	*************************************	***************************************	
CERTIFIC	19A-DATE OF	OPERATION 198, CON	ORMED	WHICH OPERATION	NO NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21B, homelc.)	e, lann, loctory, street, of	or about 21 C. WHERE DID	(ii In Boltimor	e City, give exact location)
MEDI	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Ie At Not White At Work	21F. HOW DID IN	JURY OCCUR?	
	22. I certify t	hot (1) (this hospital)	attended th	ne deceased fram 1-	25-70	19to2-	7-70 19
	that (1) (we) 1	ast saw the decease	d alive an	2-7-70	19and t	hot in (my) (qur) api	nion deoth accurred on the date
	ond hour and	from the couses state	ed above. (1)	(We) (did) (did not) v	lew the body ofter death		
	23A. SIGNATUR	E					238, DATE SIGNED
		Old an	mand in		nding Med.	Stoff Phys.	2 7 70
	23C. PHYSICIAN NAME (Typ	rs / Files	0000	DEGREE	3D. ADDRESS	rnys	2-7-70
		Raymundo R.	Cornus	z M.D.	1514 Divisio	n Street Re	ltimore, Maryland
24A	BURIAL CREM			DEGREE			
K	REMOVAL (Sp	ecify)	D A	1+ AVBVI		RUTUMI	ty, town, or county) (State)
25 A	B 9 197	N HEALTH DEPT.	25B HAME O		25C. FUNERAL DIRECTO		3frgam st
15	150-REV. 1/1/61		100	Tr U U	10,00,100	4.1.80	

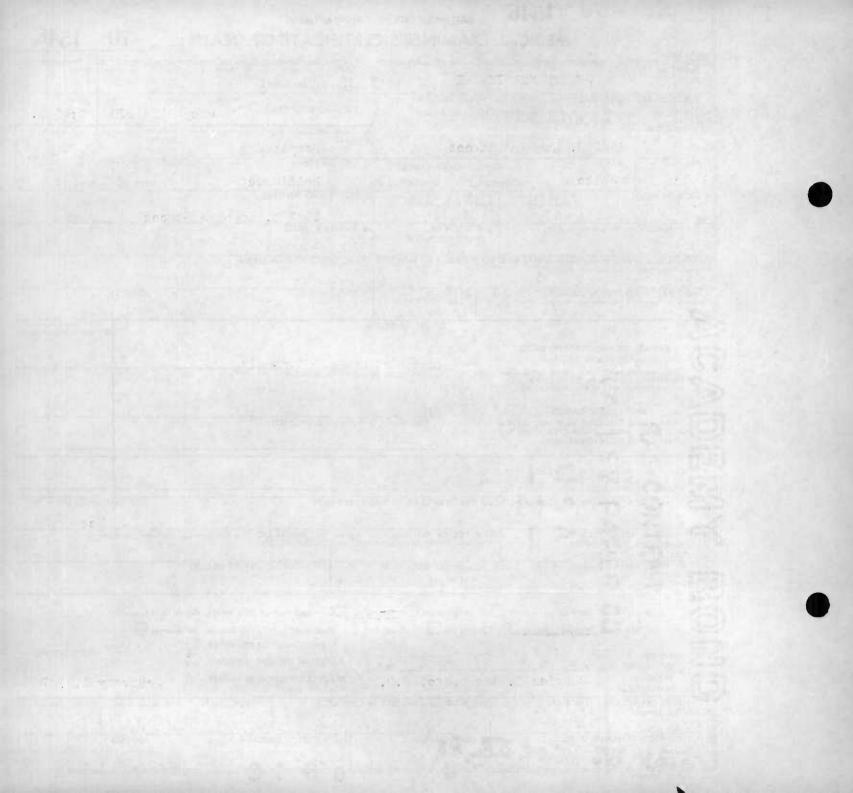


and sed	BIRTH NO. BIRTH NO. CERTIFICATE OF DEATH REG. NO. 70 1545
- a b - w	17ype or Print 2. DATE AND HOUR OF DEATH
5 6 4	3. PLACE IN BALTIMORE, WARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere decdosed lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET 1/04 W. Lexing Tow ST. 1802 [INSTITUTION] [C. CITY OR TOWN] [D. INSIDE CITY LIMITS?
	BAT. more YES NO
ibuti ined olar d pr	Bon Secours Hospital
contributing contributing etermined can n regular att	MARRIED NEVER MARRIED 18. DATE OF SIRTH 9. AGE (In yeors II Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
or co ndete s in r dece	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
D + D B + N	13. FATHER'S NAME
	Claren Georgetta WaTV:
assistant if the di ny kind; nd death ance on	15. Wos Deceased Ever in U. S. Armed Forcos? 17. INFORMANT U. S. Armed Forcos? 17. INFORMANT U. ADDRESS ADDRESS
	18.4 DE XI CAUSE OF DEATH WATKINS - DAUGHTER
E 0 - E 0 D	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE
er. Als cture o pronou lar att	(This does not mean the made of dying, e.g., heart failure, asthenia, etc., It means the disease,
- E B 3 E	injury or complication which caused death.) ANTECEDENT CAUSES
A A P	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF
	nise to the obove cause (A) stating the UNDERLYING CONDITION last. (C)
mediburiburiburiburiburiburiburiburiburibur	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A).
by a mee by a mee 2) Body bu re the phy physician ore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTION OF THE OWNER OWNER OWNER OF THE OWNER
hospital hospital nature;: spt whe I (6) No ined be	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
proved the hos ny nate except and (6	(APPROX.)
any any	22. I certify that((1) (this hospital) attended the deceased from 19 to 19
t be a sed to sed to sed to sed to see th) ust be	and haur and from the causes stated abave. (1) (We) (did) (tid not) view the bady ofter death.
S B D O E	23A. SIGNATURE Words for as in M. D. Attending Med. Shoft of Shoft
y was rely 1) An acci 3.A. at a b d prior to	23C. PHYSICIAN'S NAME (Type) VARAH VORASUBIN. M.D. Brown Second HOSD Books M.d.
dirigina di di	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Jown, or county) (Stole)
This certily the body shows: (1) was D.O. deceased written a	25A. PATE REGID BY HEALTH OFFICE PER HAME OF REGISTRAR 25C. FUNERAL DIRECTOR POLYMAN GSS 39 mm
- 1	VS 150-REV. 1/1/68



70 1546

5-35	2	MED	ICAL		MINER'S			OF	DEAT	Ή	. 70) 1.	546
I. NAME OF I		JOSEPH				2. DATE OF	Knawn		Month	Day	Ye	ar Hour	
4. PLACE IN I						3. DATE	UNCED D		Month	Day	Ye		
HOSPITAL OR INSTITUTION	ADDR	OT IN HOSPITA	TION)	ilulion, G	INE ZIKEEL	5. USUAL R				ry 31,			
		E. Lom				A. STATE	Maryl			B. COUNT	Υ	31)/
Male	7. RACE Whi	te	WIDOW		VER MARRIED	C. CITY OF	Balti	more		D. INSIDE	YES X		1
9. DATE OF BI	RTH	10. AGE (I	years	If Under I	Yr. If Under 24 Hrs. oys , Hours , Min.	E. STREET					TES [A]	NO L	J
D///	(State or fore	69		2, CITIZE	N OF	13. FATHER		E. Lo	ombard	Stree	t		
1-	MAN	V		U:	COUNTRY?		atic						
dane during most	of working life, e	ven itrelired)	,,	OF BUSIN	IESS OR INDUSTR	15. MOTHE	R'S MAID	EN NAM					
16. WAS DECE. (Yes, na or unkna	ASED EVER IN	U.S. ARMED	FORCES	17. 5	OCIAL ECURITY NO.	IB. INFOR	MANI	-			ADDRESS	1441	
119.1	1 11	WI			5-12-5927		1rs. 7	franc	nes,	Stan	1104-		JE KVO.
6	ASE OR CON	DITION DIRE	CTIV		CAUSE OF DEA	I H					32 3		SET AND DEAT
	LEADING T	O DEATH			(A)IMMEDIATE C	AUSE		hosis	3				
heart fails	s nat meon the ire, asthenia, et camplication wh	c. It means the	diseose.		DUE TO, OR	S A CONSEQ	UENCE OF	-1					
UNDERL	ANTECEDENT S OR CONDIT THE ABOVE CA YING CONDIT	IONS, IF ANY	, GIVING IING THE		(B) DUE TO, OR	AS A CONSE	QUENCE C	DF:					*****
É		11			(c)								
OI TO THE D	SNIFICANT CO EATH BUT NO OR CONDITION	T RELATED TO	THE TERMIN	NG NAL									
20A. DATE				OR WHIC	H OPERATION WA	S PERFORM	IED				21. At	JTOPSY? (Yes ar No)
₹ 22A. EXT	ERNAL CAUSE		2	28. PLACE	OF INJURY (e.g.,	In or obout 2	2C. WHER	E DID (II	I In Bolttmor	e City, give	exoct location	Yes	
B UTING □	OR CONCAUSE OF DE	ATH.	h	ame, form,	factory, street, affic	bidg., etc.) li	NJURY O	CCUR?				,	
OF INJURY (APPROX.)	(Month) (Doy) (Yeor		WHILE A	T NOT AT W	WHILE	2F. HOW	ונאו מום	URY OCC	JR?			
23.	ortify that I h	neld an I	nquiry [Insp	ection	opsy XX	ond the	at on thi	s basis,	death in m	y opinio	n	
res	ulted from:_1	latural cau	505 X	Agetde	nt Suicid		miclde [ned monne			
ACTU		lials	1.	2	Tele un	ASSI	CHIEF MEI STANT ME					DATE S	SIGNED
EXAM		Charles	s S. S	pring	ate, M.D.		CIATE ME				ebrua	ry 1,	1970
24A. BURIAL CE REMOVAL (Sp	EMATION,	24B. DATE	4	24C. NA	ME of CEMETERY	or CREMATO	RY	24D. L	OCATION	(City, Io	wn, or cou	nty)	(Stote)
25A. DATE REC		2/1//	C 258 NA	SE OF P	egistrar	1 (250 5	UNERAL I	DIRECTO	alle	, Mi	d		
FEB	the state of	Po Gul	- Ja	Ben, M		250. 1	igh.	77.20	me	no m	ADDRESS	Corkle	in St
/S 151-REV. 1/1,	68-		1 2	1	J 1. J		5	4					



on

IMPORTANT

DIRECTOR:

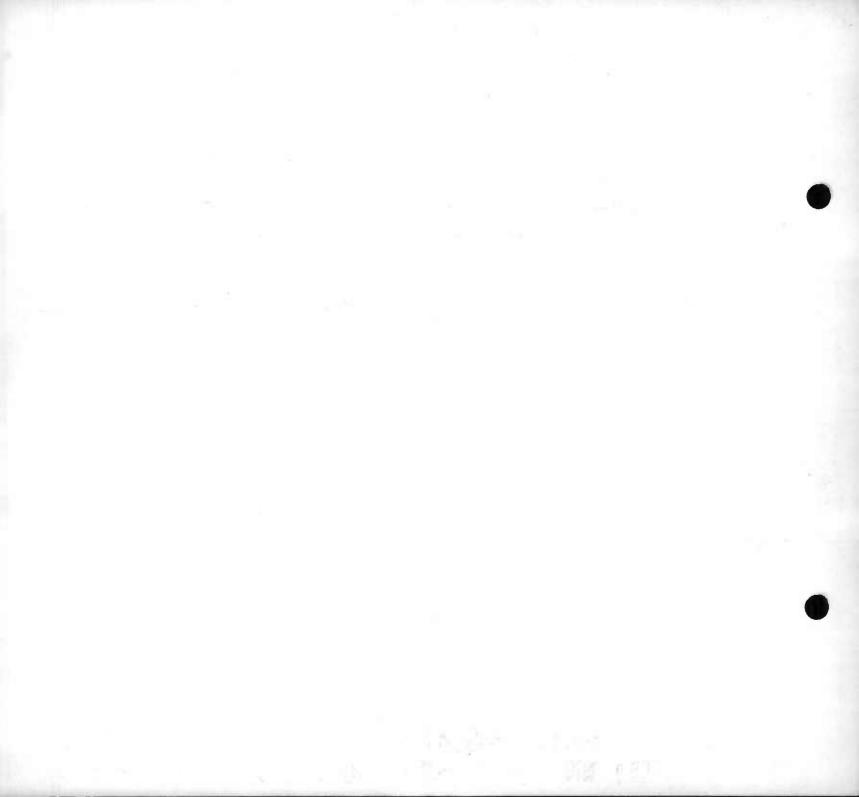
FUNERAL



MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1548 IRTH NO. IRTH NO.
NAME OF DECEASED Part Bernard Wagner 2. Date Rown & Month Doy Yeor Hour Yeor Yeo
A PLACE IN BALTIMORE, MARYLAND. WHERE PRONOUNCED DEAD FULL NAME OF HOLD IN MOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 4119 St. George Ave. 5. SEX Male Caucasion WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED 11. BIRTHPLACE (Stotle or foreign country) 12. CITIZEN OF WHAT COUNTRY? WH
FRUIT MAME OF HOSPITAL OR INSTITUTION, GIVE STREET MOSPITAL OR INSTITUTION 4119 St. George Ave. 8 MARRIED NEVER MARRIED NEVER MARRIED STATE Maryland Never married Never marri
HOSPITAL ADDRESS OR LOCATION) 4119 St. George Ave. 4119 St. George Ave. 5. SEX 7. RACE Maryland 6. SEX 7. RACE MIDOWED DIVORCED DIVORCED BALLIMOTE BALLIMOTE BALLIMOTE YES NO DISSIDECTIVILIMIST DISSIDECTIVILIMIST WIDOWED DIVORCED BALLIMOTE BALLIMOTE YES NO DISSIDECTIVILIMIST WIDOWED DIVORCED BALLIMOTE YES NO DISSIDECTIVILIMIST WHAT COUNTRY 11. SECURITY NO. 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY WHAT COUNTRY 13. FATHER'S NAME WHAT COUNTRY 14. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME WHAT COUNTRY WHAT COUNTRY 15. MOTHER'S MAIDEN NAME CAUSE OF DEATH TO A COUNTRY 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 22. O -20 -3 Q Chas. O HARA (ENSING MAIDEN MAID DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Ihis does not mean the mode of dying, e.g., beneficially continues, otherwise, lick, Thereon the diseases, liquiry or complication which coursed death,) ANTECEDENT CAUSES DISEASES OR CONDITION AST. (C) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQ
4119 St. George Ave. 6. SEX 7. RACE 8. MARRIED NEVER MA
S. SEX 7. RACE 8. MARRIED NEVER MARRIED DIVORCED Baltimore D. INSIDE CITY LIMITS?
male caucasion widowed bring by the markited bring bring by the markited bring
9. DATE OF BIRTH 10. AGE (in years) 10. AGE (i
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY? 14. USUAL OCCUPATION (Give kind of worl) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Occupant of Market
11. BIRTHPLACE (stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY? WHAT COUNTRY? WHAT COUNTRY? 15. MOTHER'S MAIDEN NAME WHAT COUNTRY? 16. WAS DECEMBED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 22. 0 - 20 - 23.8.9. Chas. O Hara Kensing Interval BETWEEN ONSET AND DEATH (This does not mean the mode of dying, e.g., heart follow, eit. In mean, eit. In mean the disease, injury or complication which coused de oit.) ANTECEDENT CAUSES DISEASES OR CONDITION S, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 20. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Vestor No.) Parable 1.
14. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME Office during most of working life, even if retired) UNEMPLOYED 10. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves., no or unknown) (II) yes, give wor or dotes of service) 11. SOCIAL 18. INFORMANT UNICLE SECURITY NO. 220-20-38 9 Chas. O Hara Kensing of Chas. O Hara Kensing to The Cause of Death CAUSE OF DEATH CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart follure, oathenio, etc., it means the disease, injury or complication which coused de oth.) ANTICEDENT CAUSES DISEASES OR CONDITION S, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 12. AUTOPSY? (Yes or No.) DISEASE OF ORDITION 1 PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.)
13. USUATOCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME 10. WAS DECEASED EVER IN U.S. ARMED FORCES? (ves, no or unknown) ((1) yes, give wor or doles of service) 11. SOCIAL SECURITY NO. 220-20-0389 Chas. O Hara Kenst Way SECURITY NO. 220-20-0389 Chas. O Hara Kenst Way APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (This does not mean the mode of dying, e.g., heart foliure, osthenlo, eic. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITION LIST. (A) IMMEDIATE CAUSE Fatty alteration of liver DUE 10, OR AS A CONSEQUENCE OF: (B) DUE 10, OR AS A CONSEQUENCE OF: OTHER SIGNIFICANT CONDITION LOST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION OF RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) DECRETED AND AREA CONSEQUENCE OF: 10. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 221. AUTOPSY? (Yes or No) DECRETED AND AREA CONSEQUENCE OF: 10. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (I) yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 220-20-389 CAUSE OF DEATH CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, esthenio, eit. It means the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 10. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Ves or No) DOWN TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE IN PART 1 (A). 20. ADATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Ves or No) DOWN TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE IN PART 1 (A). 20. ADATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Ves or No)
(Yes, no or unknoth) (II) yes, give wor or dotes of service) SECURITY NO. 220-2389 Chas. O Hara Kensing Chas. O
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, osthenio, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) DISEASE OR CONDITION GIVEN IN PART 1 (A).
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, osthenlo, elc. it meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED (A) IMMEDIATE CAUSE Fatty alteration of liver DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 21. AUTOPSY? (Yes or No) DEATH OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
CC)
Double 1
Double 1
Double 1
Double 1
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Solitimore City, give exact location) home, farm, lociory, street, office bidg., etc.) INJURY OCCUR?
¥ UNDERLYING ☐ OR CONTRIB- home, farm, loctory, street, office bldg., etc.) INJURY OCCUR?
OF INJURY OCCUR?
(APPROX.) m. WHILE AT NOT WHILE AT WORK
l certify that i held an Inquiry Inspection Autopsy (X) and that on this basis, death in my apinion
resulted fram: Natural causes Accident Suicide Homicide Undetermined manner
CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S ASSOCIATE MEDICAL EXAMINER 2/2/70
NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner 2/3/70 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMEJERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 2 1 70 LOUGON PARK NATIONAL D. 11
CEMETERY SATTIMORE
25A. DATE REC'D BY HEALTH DEPT. 201. TYME OF THE GISTRAR 25C. FUNERAL DIRECTOR COLUMN DE ADDRESS WAShindow
TERO TUNERAL HOME D.C.

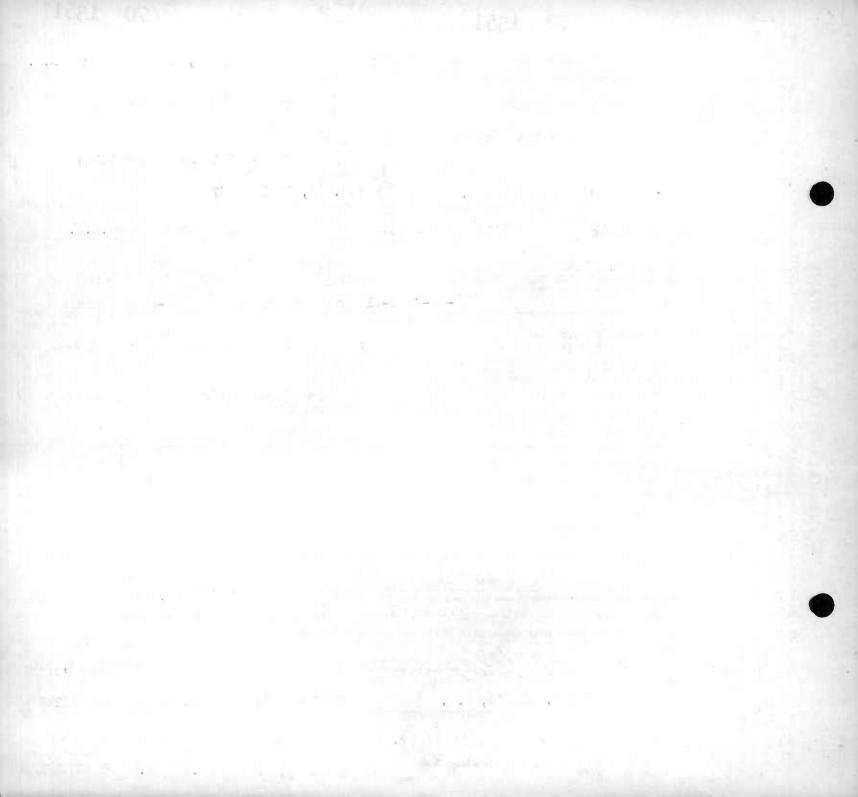
T. BURE Mary land Dea Louis To. When were considered to the constitution of the constitution o Mary July Angel Angelog at sec 1 Mary D

77705201K Inga Rozewski Burnet 47/14 Holy Roser Cem. Burnons Marcachi 2005 Plan



3. PLACE IN BATIMORE, MARTLAND, WHERE PRONOUNCED DEAD HOSPITALOR FULL NAME OF ADRESS OR LOCATION) VILLA Saint Michael VILLA SAINT S. COUNTY Maryland Baltimore City ADRESS OR LOCATION) VILLA Saint Michael VILLA SAINT S. COUNTY Maryland Baltimore City No. E. STREET AND NUMBER LOOD Forest Hill Road 21207 S. SEK Mithe White Widowed Divorced Divorced Divorced Street Mov. 13, 1882 S. DATE OF BIRTH Nov. 13, 1882 No. 10. USUAL OCCUPATION (Give kind of work) (Dis. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) Retired nurse Sister of Charity County Donegal, Ireland U.S.A 13. FATHER'S NAME Hugh McGoldrick 15. Was Deceased Eve in U. S. Ammed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) No. 18. — 19. ADRESS OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head loiling, e.g., the politically expensed and the course (A) stating the Underly of County Donegal, Ireland 19. ANTECONS, injury or complication which coused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving it is a la the obove cause (A) stating the Underlying Condition of the Eraminal County of County Donegal (C) DISEASES OR CONDITIONS of ony, giving it is a la the obove cause (A) stating the Underlying County of County Donegal (A) Stating the Underlying Condition of County Donegal (B) DISEASE OR CONDITION S. If ony, giving it is a la the obove cause (A) stating the Underlying County Or County O	DI	70 1551	REG. NO.	DEATH	ICATE	51 CERT	70 15		RTH NO.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) VILLA SAINT MICHAEL VILLA SAINT	A.M.	5:40			drick	Joseph McGc	ter Mary		
Baltimore VES Not	fare admission	ty 28	y B alt imore Ci	B. COUNT ryland	ET A. ST.				ULL NAME OF
S. SEX S. AACE 7. MARRIED NEVER MARRIED Nov. 13, 1882 7. Manhah Doys His White Widoward Nov. 13, 1882 7. Manhah Doys His White Nov. 13, 1882 7. Manhah Doys His Widoward Nov. 18, 1882 7. Manhah Doys				AND NUMBER	E. ST	ichael	a Saint Mi	Vil	74
Sister of Charity County Donegal, Ireland U.S.A	Under 24 Hrs urs Min.	If Under 1 Yr. If Un Manths Days Haurs	st birthday)			_			
Hugh McGoldrick 5. Wos Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) off yes, give war ar dates of service) No 10. Social SECURITY No. 11. INFORMANT SECURITY NO. 12. INFORMANT SECURITY NO. 13. INFORMANT SECURITY NO. 14. SECURITY NO. 15. INFORMANT SECURITY NO. 16. SOCIAL SECURITY NO. 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart folium, estential, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving inse to the obove cause (A) stating the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE CORONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C) (C) 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH? 19. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION OR CONTRIBUTION CAUSE OF DEATH? 10. THE BEATH OF OPERATION 198. CONDITION FOR WHICH OPERATION OR CONTRIBUTING CAUSE OF DEATH? 10. THE Manifel CAUSE OF DEATH? 11. INFORMANT APPROXIA APPROXIA (A) IMMEDIATE CAUSE CORONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (B) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (B) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE O		U.S.A.			271		if retired)	working life, ever	ne during most of
SECURITY NO. 219-51-0601-J1 Sister Andrea Same addreadles of service SECURITY NO. 219-51-0601-J1 Sister Andrea Sister Andrea Same addreadles of Service Sister Andrea Sister Andreaded Sis		San San			14. M		k		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart localities, estential, etc., il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIATED TO THE TERMINAL DISEASE OR CONDITION IN PART 1 (A). 10 11 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH? 12 OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE OR CONDITION IN PART 1 (A). 13 14 15 16 16 17 18 18 10 20 21 21 21 21 21 21 21 21	35	ame address	a -s			ce) SECURITY	Armed Farces? var ar dates of servi	d Ever in U. S. n) (If yes, give v	es, na ar unknawr
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, factory, street, office bidg., INJURY OCCUR? DEATH (notify medical examiner) 21 D. TIME (Manth) (Day) (Year) (Haur) DISEASE OR CONDITION (If in Baltimore City, give exact lack office bidg., INJURY OCCUR? While At Not While At Not While At Work		l day		ence of: Arterioscle	OR AS A CON	(B) (B) DUE	mode of dying, of the disernation of the disernatio	nol meon the , osthenio, etc. mplication whic ANTECEDENT OR CONDITION The obave ca	heori foilure, injury or cor
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine) Cause OF DEATH (natify medical examine)	ED	IDINGS CONSIDERED	20B. IF YES, WERE FIN	JTOPSY? (Yes at Na)	20.	IAL	ATED TO THE TERMINEN IN PART 1 (A).	TH BUT NOT REL CONDITION GIV F OPERATION	TO THE DEA
21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work 21F. HOW DID INJURY OCCUR?	tlan)	City, give exoct lacotian	(If in Baltimore	IC. WHERE DID NJURY OCCUR?	Y (e.g., in ar ab treet, affice bld	hame, farm, factory	RLYING [] E O F	NT WAS UND	OR CONTRIB
			IRY OCCUR?	IF. HOW DID INJU	at While	While At	r) (Year) (Haur)	(Manth) (Da	21D. TIME OF INJURY
that (i) (we) lost saw the deceased alive on February 3, 19 70 and that in (my) (aur) apinion death accurred and haur and from the causes stated above. (i) (We) (TG) (did not) view the bady after death. 23A. SIGNATORE 23B. DATE SIGNED		on death accurred a	t in(my) (aur) apInI	70 and the	n Ma	ed the deceosed to Februar	deceased alive) lost saw the	that (i) (we
23C PHYSICIAN'S NAME (Type) Dominon B Alamin M D	21229 (State)	timore, 212	Avenue, Bal	rederick	23 D. AI	a, M.D.	1 .	Damia Damia	NAME (
Burial 2/9/70 Villa of St. Michael on the grounds Seton Institution	ate			on the g	t. Mich	Villa of	2/9/70	(Specify)	Burial

FEB VS 150-REV. 1/1/6B

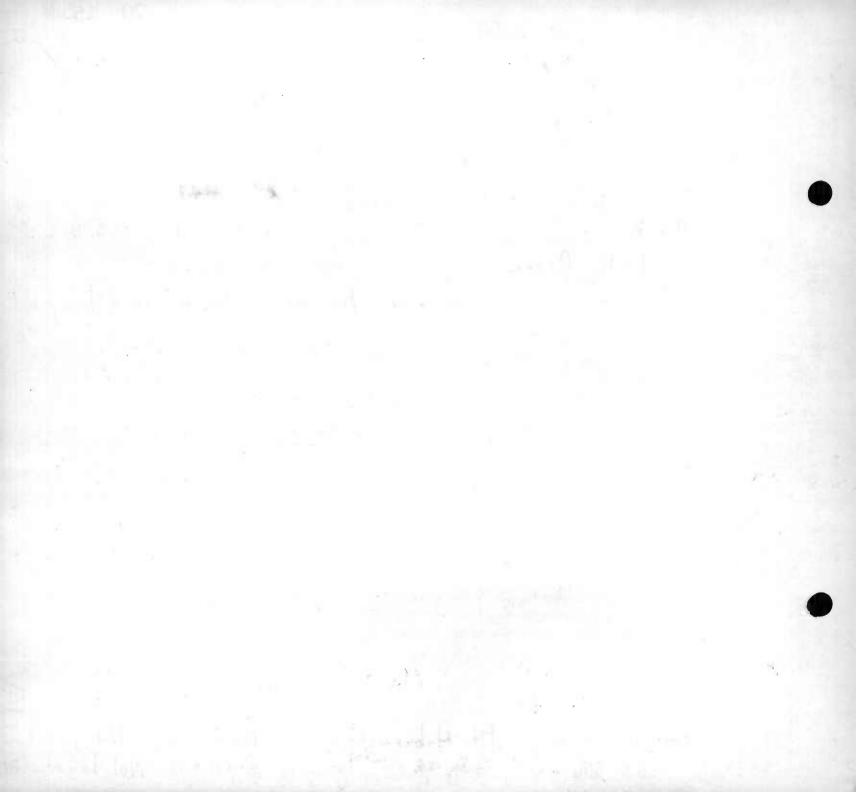


6- Feb-70

95, B

...

1	1001	BALTIMORE CITY HEALTH DEPARTMENT 70 1553
6-6		BIRTH NO. 70 1553 CERTIFICATE OF DEATH
	and eath ased the Sucl	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	S	(Type or Print) GREEN, WELBY W. 2-7-1970 17:15 P. M.
1	pita of Dec ce o ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	S	HOSPITAL OR ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION) GUIT OR TOWN COLTY OR TOWN
91	2 0	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	0	TO DE MARYLAND BALTIMORE VES NO NO
	nting dead in att	730 ASHBURTON ST. BALTIMORE MD. 21216. 1716 W. LAFAYETTE AVE:
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	occurr intribu irmine regula ased is mad	ME MALE NEGRO WIDOWED DIVORCED 7-4-1928 lost birthday 41 Months Doys Hours Min.
	0 0 - 0	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	or condet	done during most of working life, even if retired) VA & Blue Hort U.S. A.
	if deat ect or (4) Unde was in the de spositio	13. FATHER'S NAME
<u> </u>		Welly Green Heneritta Warner
Z	ath on b	15. Wos Deceosed Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
3	kin de fina	214-14-7476 Mrs. Alice Green 1716 w. Latingette Are
Ö	2 4 7 D D L	18. 4301 CAUSE OF DEATH
IMPORTAN	f o u	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (ANIMMEDIATE CAUSE Sub Arachmos Hage.
=	Als Als attended	(This daes not mean the made of dying, e.g., DILETO OR AS A CONSEQUENCE OF
~	er. ctu pro	heart foilure, osthenia, etc. ft meons the diseose, injury ar complication which coused death.)
0	fra fra	DISEASES OR CONDITIONS, if any, giving (B) Stypenters con _ C. V.A. DUE TO, OR AS A CONSEQUENCE OF:
<u> </u>	wh wh	
DIRECTOR:	(3) ey	rise to the obove cause (A) sloting the UNDERLYING CONDITION lost.
	dicalical rns; sicic	
AL	medica edica burns; hysici n was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	- E O D .	
FUNER	chief gody the l ysicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	o de co de	OR CONTRIBUTING TO CAUSE OF Low form fortery street office bldg INTIDY OCCUP?
	y th ital e; (2 her No p	DEATH (notify medical examiner) etc.)
	d by	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AI Not While
	9 2 9 9 7	(APPROX.) Work At Work
	th ny ex	22. I certify that (I) (this hospital) attended the deceased from 2 - 5 - 19 70 ta 2 - 7 - 19 70.
	ap to to fa fa h);	that (1) (we) lost sow the deceosed olive an
		and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.
	deat deat deat must	23A. SIGNATURE 23B. DATE SIGNED
	ccide a hos	Attending Med. Shaff Director
	was rel An acc	NAME (Type)
	E > 4 4 9	PREM LAL. M.B; B.S. GEGREE 730 ASHBURTON ST. BALTIMORE MD 21216. 24A. BURIAL CREMATION, 124B., DATE, 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, town, or county) (Stote)
	This certificat the body was shows: (1) An was D.O.A. at deceased pric	REMOVAL (Specify)
	bo bo ws:	BURIA 213170 Mt. Hubykin Cometry BAHIMOSE, MAYJAND 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	This certhe bod shows: was D. decease	FEB 9 1970 Paber E. Jaben MED. HOR TO N. E. Dyett F. H. 1701 LAURENS ST
		VS 150-REV. 1/1/6B



Light Pro-STEAR PORTS Prosecure &

5-3	715		BALTIMORE CITY HEALTH DEPARTMENT
	che the		TH NO. 70 1555 CERTIFICATE OF DEATH REG. NO. 70 1555
	ital a of dec eceas on t	(Ту	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 2. DATE AND HOUR OF DEATH 3. STATE COLUMN 1. Institution: Icsidence belove odmission)
	hosi use ; (5) danc denc	FU	LL NAME OF ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (C. CITY OR TOWN D. INSIDE CITY (IMITS?
	d in caus	1	800. of Manyland Hosgital E. STREET AND NUMBER
	F 5 9 6 6	5.	
		t0A don	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY
-	FUNERAL DIRECTOR: IMPORTANT ficate must be approved by the chief medical examiner or his assistant if death occurred in a hospit was released to the hospital by a medical examiner. Also, if the direct or contributing cause of A a ccident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) De A at a hospital (except where the physician who pronounced death was in regular attendance a prior to death); and (6) No physician was in regular attendance on the deceased prior to death	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
TAN	a = = = = = = = = = = = = = = = = = = =	15. (Ye	Nos Deceosed Ever in U. S. Armed Farces? , no or unknawn) (It yes, give wor ar dotes at service) 16. SOCIAL SECURITY NO.
MPOF			CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH
••	cture prono		(This does not mean the mode of dying, e.g., heart laiture, osthenio, etc., It means the disease, injury or complication which caused death.)
ECTO	Xan Xan Wh Wh		ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the
	al en an ns	Z	UNDERLYING CONDITION last. (c)
JERA	ief med med by physician	CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 19R. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
J.		_	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, fociary, sheet, office bidg., INJURY OCCUR?
	hospitature; pt wh (6) N	ā	21D. TIME (Manth) (Doy) (Yoor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?
•	E 0 0 a		22. I certify that (1) (this haspital) ottended the deceased from 1970 to 2 1971
	sed sed spit spit eat		and haur and from the causes stoted obave. (1) (We) (dld) (dld not) view the body ofter deoth. 238, DATE SIGNED
	36.55		Harold & Raplan Attending Med. Director Phys. 23C. PHYSICIAN'S NAME gives 23C. ADDRESS 23C. ADDR
	dy wa dy wa (1) Ar O.A. c	24A	BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City) own, or county) (Stotel
	the body shows: (i) was D.O decease written	25A	DATE REC'D BY HEALTH DEPT. 268. NAME OF SEGISFRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRES
		-	50-REV. 1/1/68



B-260

	ALTH DEPARTMENT	
70 1556 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	70 1556
BIRTH NO.	REG. NO.	1000
I. NAME OF DECEASED	2. DATE Known 🖾 Month Day	Year Hour
(Type or Print) Irving Baker	OF DEATH Estimoted	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	70 4 40
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution	70 4:40 a. M
41/	A. STATE B. COUNTY	n: residence before admission)
Lutheran Hospital	Maryland	1503
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
male colored WIDOWED DIVORCED	Baltimore y	ES NO
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. II Under 24 Hrs.	E STREET AND NUMBER	23 110 11
1-1-1950 lost birthdoy) Months, Doys Hours Min.	1000 ml - 0	
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	1808 Thomas St.	
Emporia, Virginia WHATCOUNTRY?		
	Emmett Baker	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working lile, even if retired)		
N/A	Kathleen Baker	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DDRESS
(Yes, no or unknown) (II yes, give wor or doles of service) SECURITY NO.	Mr. Emmett Baker 1808 T	homas Avenue
19. CAUSE OF DEA	TH	APPROXIMATE INTERVAL
CAUSE OF BEA		BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	CAUSE Gunshot wound of head	
(This does not mean the mode of dylng, e.g., heart lailure, asthenia, etc., it means the disease,	AS A CONSEQUENCE OF:	
Injury or complication which coused death.)		
ANTECEDENT CAUSES (p)	THE RESERVE THE PARTY OF THE PA	
DISEASES OF CONDITIONS IS ANY CIVING	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A GOINGE OFF	
UNDERLYING CONDITION LAST. (C)		
£		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
O TO THE DEATH BUT NOT BELATED TO THE TERMINAL		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAR	AS PERFORMED	21. AUTOPSY2 (Yes or No.)
C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/	AS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
		yes
22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, loctory, street, office street)	In or obout 22C. WHERE DID (if in Boltimore City, give exc bldg., etc.) INJURY OCCUR? Northaire and Whitmore	yes
222A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. UTING □ CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 122E INTURY OCCUPED.	in or obout 22C. WHERE DID (If in Bollimore City, give exc bldg., etc.) INJURY OCCUR? Northaire and Whitmore	yes
222A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. UTING □ CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 122E INTURY OCCUPED.	in or obout 22C. WHERE DID (If in Bollimore City, give exc bldg., etc.) INJURY OCCUR? Northaire and Whitmore	yes Ave.
222A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. UTING □ CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 122E INTURY OCCUPED.	In or obout 22C. WHERE DID (if in Boltimore City, give exc bldg., etc.) INJURY OCCUR? Northaire and Whitmore	yes Ave.
Z2A. EXTERNAL CAUSE WAS UNDERLYING © OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) CF INJURY OCCURRED. WHILE AT NOT AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WORK OR AT WORK OR AT WOR AT WORK OR AT WORK OR AT	In or obout 22C. WHERE DID (If In Bollimore City, give exc bldg., etc.) INJURY OCCUR? Northaire and Whitmore 22F. HOWDID INJURY OCCUR? WHILE Shot during altercation	yes Ave. 1503
22A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 2 7 70 4:30 2. WHILE AT WORK AT WORK 1 certify that I held on Inquiry Inspection Autority.	In or obout 22C. WHERE DID (If In Boltimore City, give excession of the boltimore City excessi	yes Ave. on oplnion
Z2A. EXTERNAL CAUSE WAS UNDERLYING © OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) CF INJURY OCCURRED. WHILE AT NOT AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WOR AT WORK OR AT WORK OR AT WORK OR AT WOR AT WORK OR AT WORK OR AT	In or obout 22C. WHERE DID (If In Boltimore City, give exceeds to be bidg., etc.) Northaire and Whitmore 22F. HOWDID INJURY OCCUR? WHILE Shot during altercation of the basis, death in my the Homicide Undetermined manner	yes Ave. on oplnion
22A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 2 7 70 4:30 2. WHILE AT WORK AT WORK 1 certify that I held on Inquiry Inspection Autority.	In or obout 22C. WHERE DID (if in Boltimore City, give exceeds by the bidg., etc.) INJURY OCCUR? Northaire and Whitmore 22F. HOW DID INJURY OCCUR? WHILE Shot during altercation of the body and that on this basis, deoth in my homicide Undetermined manner CHIEF MEDICAL EXAMINER	yes Ave. on opinion
22A. EXTERNAL CAUSE WAS UNDERLYING NOT CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, loctory, street, office Street 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 2 7 70 4:30 WHILE AT NOT AT WORK AT WORK AT WORK AT WORK AT WORK AUTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL ACTUAL SIGNATURE AUTUAL M.D.	In or obout 22C. WHERE DID (If in Boltimore City, give exceeded by the bidg., etc.) INJURY OCCUR? Northaire and Whitmore 22F. HOWDID INJURY OCCUR? Shot during altercation of the basis, death in my the Homicide Undetermined manner Chief Medical Examiner	yes Ave. on oplnion
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 2 7 70 4:30 2 WHILE AT NOT AT WORK 1 certify that I held on Inquiry Inspection Auresulted fram: Notural couses Ascident Suicident EXAMINERS	In or obout 22C. WHERE DID (if in Boltimore City, give excessions) in JURY OCCUR? Northaire and Whitmore 22F. HOW DID INJURY OCCUR? Shot during altercatic topsy and that on this basis, deoth in my Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	yes Ave. on opinion
22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 2 7 70 4:30 a. WHILE AT NOT AT WORK 1 certify that I held on Inquiry Inspection Autresulted fram: Notural couses ACTUAL SIGNATURE EXAMINERS NAME (Type) Werner U. Spitz, M.D. D	In or obout 22C. WHERE DID (If in Boltimore City, give excessions) Northaire and Whitmore 22F. How DID INJURY OCCUR? Shot during altercation of the property	yes Ave. On opinion DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 2 7 70 4:30 2 WHILE AT NOT AT WORK 1 certify that I held on Inquiry Inspection Autresulted fram: Notural courses ACTUAL SIGNATURE EXAMINERS NAME (Type) Werner U. Spitz M.D. D 24A. BURIAL CREMATION, 124B. DATE 24B. PLACE OF INJURY (e.g., home, form, loctory, street, office of the property, street, office of the property of	In or obout 22C. WHERE DID (if in Boltimore City, give exceptions) in JURY OCCUR? Northaire and Whitmore 22F. HOW DID INJURY OCCUR? Shot during altercatic topsy and that on this basis, deoth in my Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER EPUTY Chief Medical Examiner or CREMATORY 24D. LOCATION (City, town	yes Ave. on opinion DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 2 7 70 4:30 a. WHILE AT NOT AT WORK 1 certify that I held on Inquiry Inspection Autresulted fram: Notural couses ACTUAL SIGNATURE EXAMINERS NAME (Type) Werner U. Spitz, M.D. D	In or obout 22C. WHERE DID (if in Boltimore City, give exceptions) in JURY OCCUR? Northaire and Whitmore 22F. HOW DID INJURY OCCUR? Shot during altercatic topsy and that on this basis, deoth in my Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER EPUTY Chief Medical Examiner or CREMATORY 24D. LOCATION (City, town	yes Ave. On opinion DATE SIGNED 2/7/70 or county) (Stote)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 2 7 70 4:30 2 WHILE AT NOT AT WORK 1 certify that I held on Inquiry Inspection Autresulted fram: Notural courses ACTUAL SIGNATURE EXAMINERS NAME (Type) Werner U. Spitz M.D. D 24A. BURIAL CREMATION, 124B. DATE 24B. PLACE OF INJURY (e.g., home, form, loctory, street, office of the property, street, office of the property of	In or obout 22C. WHERE DID (if in Boltimore City, give exceptions, etc.) INJURY OCCUR? Northaire and Whitmore 22F. HOW DID INJURY OCCUR? Shot during altercation of the property of the pro	yes Ave. On opinion DATE SIGNED 2/7/70 or county) (Stote)

THE TOTAL THE PARTY OF THE PART A ALBERT CORREST AND Minted to Stant E. . 17 1 Later of Bridge

	-650	2	70	155		A MAINIED'S			DEAT		70	1557	
BII	TH NC.		MILL	ICAL		AMINER'S	CEK I IFI	CATE OF	DEAT	REG. NO.	10	1,007.	
	NAME OF DEC	EASED					2. DATE	Knawn 🖫	Month	Day	Year	Hour	=
			JAMES	CARN			OF DEATH	Estimoted	Febru	ary 5,	1970		м.
	PLACE IN BAL						3. DATE	INICED DEAD	Month	Doy	Yeor	Haur	
HO	L NAME OF	ADDRE	SS OR LOCA	AL OR INST TION)	TUTION	N, GIVE STREET	PRONO	INCED DEAD	Febru	ary 5,	1970	6:00 A	• M.
OR	NOITUTITZNI						5. USUAL R	ESIDENCE (Where			residence b	efare admissio	n)
C	10	1718 1	Thomas	Avenu	ie		A. SIATE	Maryland		B. COUNTY	15	03	
6.	SEX	7. RACE		8. MARRI	ED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	TY LIMITS?		_
N	íale .	Neg	gro	WIDOW	ED 🗆	DIVORCED [Baltimore		YE	s 🗆	No 🗆	
1	DATE OF BIRTH	1	10. AGE (In	yeors	If Unde	or i Yr. It Under 24 Hrs. Doys , Hours , Min.	E. STREET A	ND NUMBER					
	-17-1894		75		,,,,,,,,,,,	1 doys income man.		1718 Thom	as Ave	nue			
11.	BIRTHPLACE (S	tate ar fareig	n country)	-		IZEN OF	13. FATHER	SNAME					_
	NORTH	CAROLI	NA			IAT COUNTRY?	Unk	nown					
I4A	USUAL OCCUI	PATION (Give	kind of work	4B. KIND	OF BU	SINESS OR INDUSTRY	15. MOTHE	S MAIDEN NAM	E				_
	Laborer	orking me,ev	on memed)				Unk	nown					
16.	WAS DECEASE, no or unknown)	D EVER IN	U.S. ARMED	FORCES	? f	7. SOCIAL	18. INFORM			AC	DRESS		
(103	No	fit has' dine w	or or doles	or service)		SECURITY NO. 220–05–0070	Mable	Carnegie	- 171	R Thomas	Arro		
	19. 1/ /	3 Um.				CAUSE OF DEA		carnegre	- 1/1	J IIIOMas	API	PROXIMATE INTER	
7	DISTAGE	OR COND	TION DIDE			Arterioso	leroti	cardiova	scular	diseas	D BETW	EEN ONSET AND	DEATH
		EADING TO		-111									
	(This daes no	of meon the	mode of dy	ing, e.g.,		(A)IMMEDIATE C	S A CONSEQ	UENCE OF:					
	injury or com	osthenio, etc. plication which	h coused dec	th.)									
		ITECED EN IT											
	DISEASES C	R CONDITION	NS IE ANIV	GIVING		(B) DUE TO OR	AS A CONSEC	HENCE OF					
	KISE 10 THE	ABOVE CAL	JSE (A) STAT	ING THE		202 10, 011	AS A GOINGE	TO ENGE OF .					
3	ONDEREIN	G CONDIN	ON LASI.			(c)							
CERTIFICATION	OTHER SIGNI	FICANT CON	II	AITDIDLIT	NO								_
Ö	TO THE DEA	TH BUT NOT	RELATED TO	THE TERMI	NAL								
		OPERATION			00.14/1	HICH OPERATION WA	C DEDECTH	-5		***************************************			
핑	A	OI EKANON	200. CO	IDINION F	OK W	HICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes ar N	0)
1	22A. EXTERN	VAL CAUSE Y	MAC	10	00 01 4	CT OF 11111111/						No	
EDIC	UNDERLYING UTING CAL	OR CONT	RIB-	h	iome, fo	ACE OF INJURY(e.g., orm, factory, street, office	bldg., etc.)	JURY OCCUR?	tn Baltimore	City, give exac	t locotion)		
	OF INJURY	Month) (D	oy) (Yeor	(Hour	22E.	INJURY OCCURRED	2:	F. HOW DID INJU	JRY OCCU	R?			
	(APPROX.)				m. WHI	LE AT NOT	WHILE C						
	23.												
	1 certi	fy that I he	eld on la	quiry _		nspection Aut	opsy 🗌	and that on thi	s basis, d	eoth In my o	pinion		
	result	ed from: No	otural cou	105 🖺	Acc	Ment Suleld	e Ho	micide U	ndetermin	ed manner			
		11	1 1	2		11.	C	HIEF MEDICAL EX	AMINER [
	SIGNATU	RE.	ight	3 7	,0	1 The Calo	ASSIS	TANT MEDICAL EX	AMINER [$\overline{\mathbf{y}}$		DATE SIGNED	,
	EXAMINE NAME (T)	R'S Ch	arles	S. Sp	rin	gate, M.D.	ASSO	CIATE MEDICAL EX	AMINER [] Fei	bruary	5, 197	0
	BURIAL CREM	ATION, 2	B. DATE		24C.1	NAME of CEMETERY	or CREMATO	RY 24D. LO	OCATION	(City, town,	or county)	(State)	_
	MOVAL (Specify urial	"	2-9-70		Mt	. Calvary				, Maryl		,,	
	. DATE REC'D			25B_N4		STECHSTRAR	25C E	UNERAL DIRECTOR					
		ACT TO	0.0. 4	P Ja	Ren	24		rles R. La		Madiso	DRESS	E- 1112	
	FEBO	MAL	Money		1	land of	A E	F7 47		. riddigo	II AVE		/
VS 1	51-REV. 1/1768						0						-

V\$ 150-REV. 1/1/68

hardproff, Litty

BIRTH NO. IF ARM OF DETERATED IF ARM OF DETERATED IF HOT IN HOSPITAL OR INSTITUTION, GVESTBEET INSTITUTION IF HOT IN HOSPITAL OR INSTITUTION, GVESTBEET INSTITUTION IF HOT IN HOSPITAL OR INSTITUTION, GVESTBEET INSTITUTION INSTITUTI		1-525 70 1559 BALTIMORE CITY HEAL	/3/ 1/50
A. PLACE IN BADDINGS MARKAND, WHER PRONOUNCED DADD CONTRIBUTION OF ADDRESS OR LOCATION CONTRIBUTION			OF DEATH REG. NO. 1335
LULINAMIS OF BOT IN HOSTITALE OR INSTITUTION, CVENTREE ADDRESS OF INCAMONI DIVORCED		Tuno as Bird	2. DATE AND HOUR OF DEATH
FILL HAME OF THE POOL THE POOLSTATE OR INSTITUTION, CIVE-STREET CONTRIBUTIONS OF THE POOLSTATE CONTRIBUTION OF THE POOLSTATE CONTR	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. US	UAL RESIDENCE (Where deceased lived, Il institution; residence before admission
SEEK	1	[A. 5]/	ATE B. COUNTY BALT 1501
C. SEET C. RACE MARRIED NEVER MARRIED C. DATE OF BIRTH NADE (by years Mounts) No. USUAL OCCUPATION (Give bind of web) DE KIND OF BUSINESS OR INDUSTRY 11, BIRTHING CETSIVE or Inequility No. 10	IN	ADDRESS OR LOCATION) C. CIT	
A SEX S. RACE NARRIED NEVER MARRIED S. DATE OF BIRTH S. ADE for years N. Indian N. India		Thoule sell flat boy f	PET AND NUMBER
IOA USUAL OCCUPATION (Give kind of weak) OF BUSINESS OR INDUSTRY IOA USUAL OCCUPATION (Give kind of weak) OF BUSINESS OR INDUSTRY IOA USUAL OCCUPATION (Give kind of weak) OF BUSINESS OR INDUSTRY IOA BIRTHAGE (State or footige country) IOA USUAL OCCUPATION (Give kind of weak) OF BUSINESS OR INDUSTRY IOA BIRTHAGE (State or footige country) IOA USUAL OCCUPATION (Give kind of weak) OF BUSINESS OR INDUSTRY IOA BIRTHAGE (State or footige country) IOA BIRTHAGE (STATE OR FOOTIGE COUNTRY IOA BIRTHAGE CAUSE OF IOA BIRTHAGE CAUSE OF IOA BIRTHAGE CAUSE OF IOA BIRTHAGE CAUSE OF IOA BIRTHAGE CAUSES OF IOA BIRTHAG	Z	11 Pacer. 13	343 NCAREY ST. POPLITO
IOA USUAL OCCUPATION (GIVE bind of weak) (DR. KIND OF BUSINESS OR INDUSTRY 1.8 BIRTHLACE (Side or foreign country) 1.2 CITIZEN OF WHAT COUNTRY IN MARKED 1.5 CITIZEN OF WHAT COUNTRY IN MAKE		WIDOWED DIVORCED -	26-20 last birthday Months Doys Hours Min.
13. FAIRLE'S NAME	dor	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIR	THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY
1.4. MOTHER'S MAME 1.4. MO		MUSICIAN	IMINETON, DELAWARD U.S.A
15. Week Dacessed Ever is U. S. Amed Prices? 16. SECIAL 17. INFORMANT	13.	FATHER'S NAME	OTHER'S MAIDEN NAME
The property of the property	15.		
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it cay, giving dise to the above cause (A) stating the UNDERLYING CONDITION flest. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OF OPERATION 19th CONDITION for NATIONAL DISEASE OF OPERATION 19th CONDITION for NATIONAL DISEASE OF CONDITION GIVEN IN PART I CERTIFYING CAUSES OF DEATH? OF CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART I CERTIFYING CAUSES OF DEATH? OF CONTRIBUTING CAUSE OF DEATH OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART I CERTIFYING CAUSES OF DEATH? OF CONTRIBUTING CAUSE OF DEATH? OF INJURY (Monita) (Doy) (Your Hour Was PERFORMED WAS PERFORMED WAS PERFORMED OF DEATH (Miss) modiced examined of the Contribution of the Con	(Yo	os,na or unknawn) (If yes, give wor at dolos of service) SECURITY NO.	ORMAN 1 ADDRESS
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heard lailure, astheria, etc. Il means the disease, injury or complication which caused deach.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, ill ony, giving rise to the above cause (A) slating the UNDERLYING CONDITION last. (C) DITE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION (PER NITE OF PER NITE OF OPERATION 1994. CONDITION FOR WHICH OPERATION 2004. AUTOPSTITION OF CONTRIBUTING CAUSES OF DEATH? DISEASE OF CONDITION GIVEN IN PART 1 (A). 1974. ADATE OF OPERATION 1994. CONDITION FOR WHICH OPERATION 2004. AUTOPSTITION OF COURT (C). 2104. ACCIDENT WAS UNDERLYING (C) DEATH (sign) medical examined 1004. AUTOPSTITION (Rep. in or obout 27C. WHERE DID (IN CERTIFYING CAUSES OF DEATH? 1004.) 2105. ACCIDENT WAS UNDERLYING (C) (C). 2106. THIS CONTRIBUTION (C) (C) (Tood) (Houd OF DEATH) (NOW MAS PERFORMED 1004.) 2107. THIS CONTRIBUTION (C) (Tood) (Houd OF DEATH) (NOW MICH OPERATION 1004.) 2108. PROVIDE COURT (Menth) (Doy) (Tood) (Houd OF DEATH) (NOW MICH OPERATION 1004.) 2109. THIS COURT (Menth) (Doy) (Tood) (Houd OF DEATH) (NOW MICH OPERATION 1004.) 2109. THIS COURT (Menth) (Doy) (Tood) (Houd OF DEATH) (Menth) (Doy) (Tood) (Houd OF NIXURY OCCURRED 1004.) 2109. THIS COURT (Menth) (Doy) (Tood) (Houd OF DEATH) (Menth) (Doy) (Tood) (Houd OF NIXURY OCCURRED 1004.) 2109. THIS COURT (Menth) (Doy) (Tood) (Houd OF DEATH) (Menth) (Doy) (Tood) (Houd OF NIXURY OCCURRED 1004.) 2109. THIS COURT (Menth) (Doy) (Tood) (Houd OF DEATH) (Menth)	_	18. / 4 / 1 CAUSE OF DEATH	APPROYIMATE INTERVAL
This does not mean the mode of dying, aphenot lailure, ostheria, etc. It means the disease, injury or camplication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the obove cause (A) stating the UNDERLYING CONDITIONS CONTRIBUTING DIFFERENCE OF INJURY (C). DISEASES OR CONDITIONS CONTRIBUTING DIFFERENCE OF INJURY (C). DIFFERENCE OF THE DEATH BUT NOT RELATED TO THE TERMINAL CONTRIBUTING DIFFERENCE OF INJURY (C). DATE SIGNIFICANT CONDITIONS CONTRIBUTING DIFFERENCE OF INJURY (C). DATE OF OPERATION WAS PERFORMED OR CONTRIBUTING CONTRIBUTING CAUSES OF DEATH? DIFFERENCE OF INJURY (C). IN PART I (A). DIFFERENCE OF INJURY (C). IN INJURY (C). IN INJURY (C). I		DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEA
Repair toliure, astheria, etc. II means the disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, II day, giving isse to the above cause (A) stating the UNDERLYING CONDITION last. (C). DUE TO, OR AS A CONSEQUENCE OF: (C). DUE TO		(A)IMMEDIATE CAUSE	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise lo lite obove cause (A) sialing lihe UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION OF WELL TO THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION OF WELL THE TO THE TERMINAL DISEASE OR CONTRIBUTING CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF CONDITION OF WHICH OPERATION WAS PERFORMED DEATH Ineffy medical examined because of the condition of the contribution of		heatl failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	EQUENCE OF:
DISEASES OR CONDITIONS, II any, giving rise to the above cause (A) stating the UNDERLYING CONDITION test. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1974-DATE OF OPERATION 1978. CONDITION FOR WHICH OPERATION 1974. CONTRIBUTING CAUSES OF DEATH? DISEASE OR CONDITION GIVEN IN PART 1 (A). 1974-DATE OF OPERATION 1978. CONDITION FOR WHICH OPERATION 1974. CONTRIBUTING CAUSES OF DEATH? DO R CONTRIBUTING CAUSE OF home, form, factory, street, affice bidg. INJURY OCCUR? DO R CONTRIBUTING CAUSE OF home, form, factory, street, affice bidg. INJURY OCCUR? DO FINJURY (Month) (Doy) (Year) (Hous 218, FLACE OF INJURY OCCURRED 19. 210. TIME (Month) (Doy) (Year) (Hous 218, FLACE OF INJURY OCCURRED 19. 211. ACCIDENT WAS UNDERLYING home, form, factory, street, affice bidg. INJURY OCCUR? DO FINJURY (Month) (Doy) (Year) (Hous 218, INJURY OCCURRED 19. 212. L'OTHIFY THAT IN THE PART OCCURRED 19. 213. DATE SIGNED 19. 214. DATE SIGNED 19. 215. PLACE OF INJURY OCCURRED 19. 216. DATE SIGNED 19. 217. ACCIDENT WAS UNDERLYING 19. AND			OMA OF PERTURI /YR-
UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE FEMINAL DISEASE OF CONDITION OF REALIED TO THE FEMINAL DISEASE OF CONDITION OF THE FEMINAL DISEASE OF OPERATION 174 CONDITION FOR WHICH OPERATION 200 A. AUTOPSYT (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 27. A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 18. ACCIDENT WAS UNDERLYING CAUS		DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION 20A-AUTOPSTITIES OF No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING		UNDERLYING CONDITION last. (C)	
WAS PERFORMED WAS PERFORMED	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISFASE OF CONDITION GIVEN IN 1987	
218. PLACE OF INJURY (e.g., in or obout) 217C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 221. INJURY OCCURRED 221. HOW DID INJURY OCCUR? While AI Work AI Work AI Work 22. I certify that (M' (this hospital) attended the deceased from	IFIC.	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	-AUTOPSYT (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
DEATH (neity medical examines) DEATH (neity medical examines) DEATH (neity medical examines) DEATH (neity medical examines)	CERT		1725
21D. TIME (Month) (Day) (Year) (Hous) 21E. INJURY OCCURRED While AI Not While 21E. HOW DID INJURY OCCUR? While AI Not While 22E. INJURY OCCURRED 22E. INJURY OCCURRED While AI Not While 22E. INJURY OCCURRED 19		On College and the College and	INJURY OCCUR?
(APPROX.) While Al Work 22. I certify that (H) (this hospital) attended the deceased fram		21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUPRED	21F. HOW DID INJURY OCCUR?
that (I) (we) last saw the deceased alive an	¥	(APPROX.) While AI Not While	
that (N) (we) last saw the deceased alive an		22. I certify that (I) (this hospital) attended the deceased from	8-10 19 to 2-5 19-70
23A, SIGNATURE Attending Med. Shoff Phys. 23B, DATE SIGNED 23G, PHYSICIAN'S NAME (Type) 23D, ADDRESS NAME (Type) 24A, BURIAL CREMATION, 24B, DATE REMOVAL (Specify) REMOVAL (Specify) 24B, DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, lown, or county) (Store Parallel Physical			9and that In(my) (aur) apinian death accurred an the de
Attending Med. Director Direct		and have and from the causes stated above. (1) (We) (did) (did out) view the	
23G. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF CREMATORY 24G. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Store BURIAL CREMATORY) 25G. FUNERAL DIRECTOR FEB 9 90 Value 1 12 County OF ACCISTRAR 25G. FUNERAL DIRECTOR 25G. FUNERA		Attending on	M / /
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote BURIAL (Specify) 2-12-70 HAVEN MEM. PAR (FELTONVILLE, DELAWAKE 25A. DATE REC'D BY HEALTH OF 25B. DATE OF CONTROL OF COUNTY 25C. FUNERAL DIRECTOR BY HEALTH OF 25B. DATE OF COUNTY 25C. FUNERAL DIRECTOR BY HEALTH OF COUNTY 25C. FUNERAL BY AND COUNTY 25C. FUNERAL BY AND COUNTY 25C. FUNERAL BY AND C	ć	23C. PHYSICIAN'S	DRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State BURIAL 2-12-70 HAVEN MEM. PAR (FELTONVILLE, DELAWARE 25A. DATE REC'D BY HEALTH APT. 25B. NATHOR OF REGISTRAR 25C. FUNERAL DIRECTOR B. LAWS CLESTER.		The trypes	MONTEBELLO STATE HOSP.
FEB 9 1910 Robert C. Valley M. D. D. PARK FELTONVILLE, DELAWARE STANDATE REC'D BY HEALTH APPL 256. PARMS OF REGISTRAR LAWS OF THE PROPERTY O	24A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR	(11)
FEB 9 1970 Valent & Valent MED O O KOA FAIRELINE B. LAWSON FETTER	1:	SURIAL 2-12-70 HAVEN MEM. PAR	
WHITE WAYS CHESTED	25A	EED O TOTAL OF A CONTRACT OF THE CONTRACT OF T	FUNERAL DIRECTOR
	/S	150-REV- 1/1/68	HITELINE D. LAWSCHESTER P



Blogg

B-252	BALTIMORE CITY HEAD	ERTIFICATE (
I. NAME OF DECEASED	(Brookins)	2. DATE Known &	

BIRTH NC.		WEL	PICAI	. EX	AMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	70	1560
I. NAME OF DEC	EASED				(Brookins	A2. DATE	Known &	Month	Day	Yeor	Hnur
(Type or Print)		Emmit	L. B	ooki		OF DEATH	Estimoled				1110
4. PLACE IN BAL		RYLAND, Y	VHERE P	RONOU	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF	(IF NOT	IN HOSPITA	AL OR INS	TITUTION	, GIVE STREET	PRONO	JNCED DEAD	2	7	70	8:10 a.
ON DESTROYER	RIGIA		AI	AL.	NULU	5. USUAL R	ESIDENCE (When	e deceosed li	ved. If institution		
P	roviden	t Hos	nital		1/24/75	A. STATE	Maryland		B. COUNTY		1400
6. SEX	7. RACE	TIOD I		HED D	NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?	10-
male	color	ha		VED 🗌	DIVORCED W		Baltimor	^			
9. DATE OF BIRTH		10. AGE (I			or 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER	е	YE	S	NO 🗌
3/10/13		losi birthdo	v)	Months	Doys Hours Min.						
11. BIRTHPLACE (S	tote or foreign	country)	56	12. CIT	ZEN OF	13. FATHER	2200 McC	ullon !	St.		
Pittburg					AT COUNTRY?		itt C. Bro	ookine			
	-	kind of work	148. KINI		SINESS OR INDUSTRY						
one during most of w	orking life, eve	in Ifrettred)		0, 00	-		masia Tyle				
6. WAS DECEASE	ED EVER IN I	IS APME	FORCE	20 113	7. SOCIAL					DOCCO	
Yes, nagagyeknown)	(If yes, give w	or or dotes	of service) '	SECURITY NO.	Will:	lam Brook:	ins li	340 Park	AVE	
19.	18				CAUSE OF DEA	TH		-			ROXIMATE INTERV
DISFASE	E OR CONDI	TION DIRE	CTIV							BEIM	EEN ONSET AND DE
	LEADING TO				/ANIMAEDIATE C	Allee Fat	ty altera	tion of	f liver		
(This does no	ol meon the r	node of dy	lng, e.g.,			AS A CONSEQ					
injury or com	plicotion which	coused de	oth.)							100	
, an	NTECEDENT C	Alicec								12.7	
			GIVING		(B)OR	AS A CONSEC	UENCE OF:				
UNDERLYIN	R CONDITION ABOVE CAU	SE (A) STAT	ING THE								
Š					(c)						
OTHER SIGNI TO THE DEA DISEASE OR	IFICANT CON	II DITIONS CO	ONTRIBUT	ING			DOT- TO				
TO THE DEA	TH BUT NOT I	RELATED TO	THE TERM	INAL							
20A. DATE OF					TICH OPERATION WA	S PERFORM	FD			21 AUTO	SY? (Yes or No
0 9						io Taki Okiii					
22A. EXTERN	NAL CAUSE V	VAS		22B. Pl A	CE OF INJURY (e.g.,	in or about 2	C WHERE DID	III to Dalst	CIL	yes	
UNDERLYING LAL	OR CONT	RIB-		home, fo	rm, foctory, street, office	bldg., etc.) II	JURY OCCUR?	(ir in boilimor	e City, give exoc	it recorion)	
22D. TIME (I	Monih) (Do	y) (Year) (Hou		INJURY OCCURRED	2	F. HOW DID IN	JURY OCCU	JR?		
(APPROX.)				m. WHII	LE AT NOT	WHILE					
23.				_		J					
l certi	fy that I he	ld on la	nquiry]]	nspection Aut	topsy	ond that on th	is basis,	deoth In my	pinion	
resulte	ed from: No	tural cau	ses 🔽	Acel	dent Sulcid	· Ho	micide 🗌	Undetermin	ned manner		
	1111		- 5				HIEF MEDICAL E	XAMINER		11101	
ACTUAL	DE / // (MI	~ (11	M,D	ASSIS	TANT MEDICAL E	XAMINER			DATE SIGNED
EXAMINE	R'S	-	(1			CIATE MEDICAL E	YAMINIED	ī		
NAME (Ty	ype) Wer	ner U.	Spa	tz,]	M.D. 1	Deputy	Chief Med	ical Ex	aminer	2/	7/70
24A. BURIAL CREM	AATION, 24	B. DATE		24C.	NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,	or county)	(Stote)
Burial		2/11/70)	Α 7	leghely		D	d de de les con	-l- D:		
25A. DATE REC'D	BY HEALTH D	EPT.			REGISTRAR	25C, F	UNERAL DIRECTO	ittburg	IN PA	DRESS	
EB9 197	10 (68	ul E.	Shiller	220			iggs& Wat		-		PA.
S 151-REV. 1/1/68				7	J-6	0 5	5 6				

1/34/15 - Protorized statement from Mon. Brookers that he was in error war to si maretal status (2) Certified Copy of marriage fee. Affe.

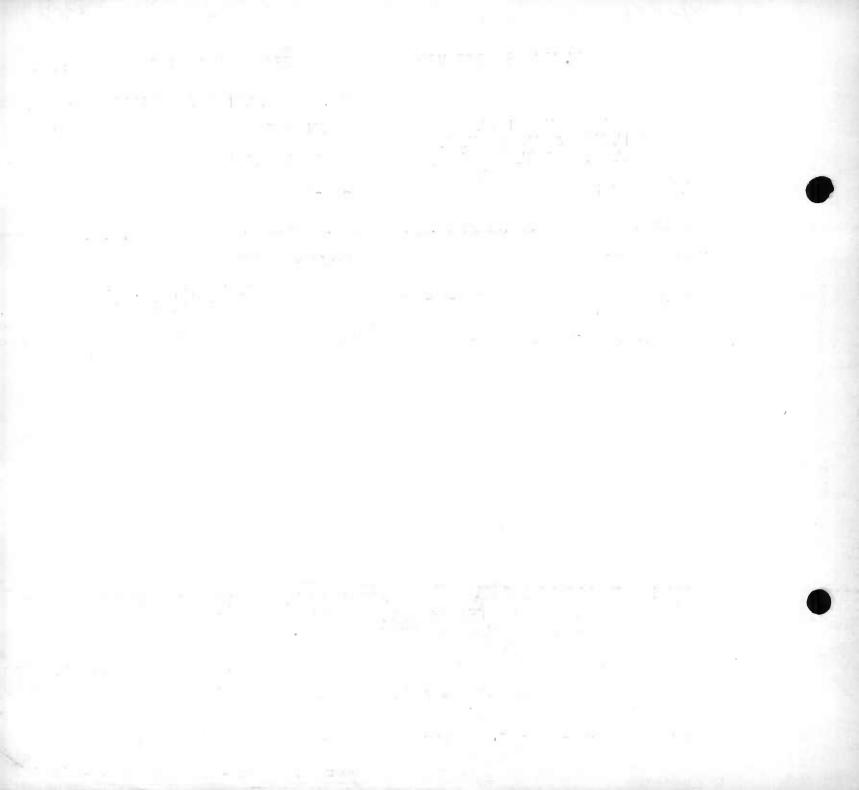
IMPORTANI

FUNERAL DIRECTOR:

The separation of the separate of the separate

FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 1562 CE	ERTIFICATE OF DEATH REG. NO. 1562
(Type or Print) MOSES, ERNEST V	ERNON FEBRUARY 7, 1970 4:204
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE FULL NAME OF HOSPITAL OR INSTITUTION, GIV ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) A. STATE B. COUNTY
ST AGNES HOSPITAL WILKENS & CATON AVES. BALTO., MARYLAND 2122	BALTIMORE YES NO X
5. SEX 6. RACE 7. MARRIED NEVER WIDOWED DI	IVORCED 19-08-17 lost birthdoy) 52 Months Doys Hours Min.
to A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS done during most of working life, even il retired) MANAGER CITGO GAS	OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
ISAAC MOSES	14. MOTHER'S MAIDEN NAME MATTHA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ulf yes, give war or doles of service) 246-14	ST AGNES RECORDS WILKENS & CATON AVES
heart loilure, astherio, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last. (C)	MMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 199-DATE OF OPERATION 198-CONDITION FOR WHICH OPE WAS PERFORMED CALL BLAN MASTER PROPERTY OF THE PROPERTY OF	POLYCYTERIA ESTABLISHED.
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	IN CEPTEVING CALLSES OF DEATH?
21D.TIME (Month) (Doy) (Yeer) (Hour) 21E INJURY OF INJURY OF While At Work	Not While At Work
22. I certify that (I) (this hospital) attended the decease that (I) (we) last saw the deceased alive on FERRU	IARY 7 19 70 and that in (m) (our) opinion death accurred an the date
and haur and fram the causes stated above. (1) (We) (did	(did Not) New the bady after death. Attending Med. Director Phys. E FEBRUARY 2, 1970
23C. PHYSICIAN'S NAME (Type) PREIJANES, MD. 24A. BURIAL CREMATION, 124B, DATE 124C. NAME of CEN	18 4,0 DEGREE WILKERS HOSPING - CA- 1 AND
Burial 2-10-70 Loudon P	ark Baltimore, Maryland
FEB 9 19/0 THE RECOLUTION FEB & SECOND OF ACTION AS THE PERSON OF A THE PERSON OF ACTION AS THE PERSON OF ACTION AS THE PERSON	25C. FUNERAL DIRECTOR ADDRESS Howard H: Hobbard-4107 Wilkens Ave-21229



F-652 70 1563 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. 1. NAME OF DECEASED 2. DATE Known | 1970 Year (Type or Print) OF Estimoted ANTHONY FRENCH m DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Hour Month Day PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF 8 70 2:30 P.M. HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission A. STATE B. COUNTY University Hospital Md. 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS Male White WIDOWED DIVORCED Balto. YES X NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) Months, Doys, Hours, Min. 6-24-1922 47 3394 Dulanev St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME U.S.A COUNTRY? Baltimore, Md William French 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) done during most of working life, even if retired) Auto parts Carrie Mar11 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS 214-14-4085 Christina French 5019 Pimlico Rd APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cranio-cerebral injuries (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) ₹ 22A. 228. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (II in Boltimore City, give exoct location) home, form, loctory, street, office bidg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIBstreet // Md. Rt. 175-Jessop. UTING CAUSE OF DEATH 200 from Dorsey Run 22D. TIME 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Month) (Hour) (Year) Rd. OF INJURY WHILE AT NOT WHILE (APPROX.) 3:50 P.m WORK Driver in auto-auto collision. AT WORK 23. I certify that I held on Inquiry Inspection Autopsy X ond that on this basis, death in my opinion Accident KX resulted from: Natural couses Suicide HomicIde | Undetermined manner CHIEF MEDICAL EXAMINER 12 ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Russell S. Fisher, M.D. 2-9-70 NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION. 24B. DATE 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Spacify)

New Cathedral Cemetery

25C. FUNERAL DIRECTOR

Balto. Md

H. Hubbard Funeral Home

ADDRESS

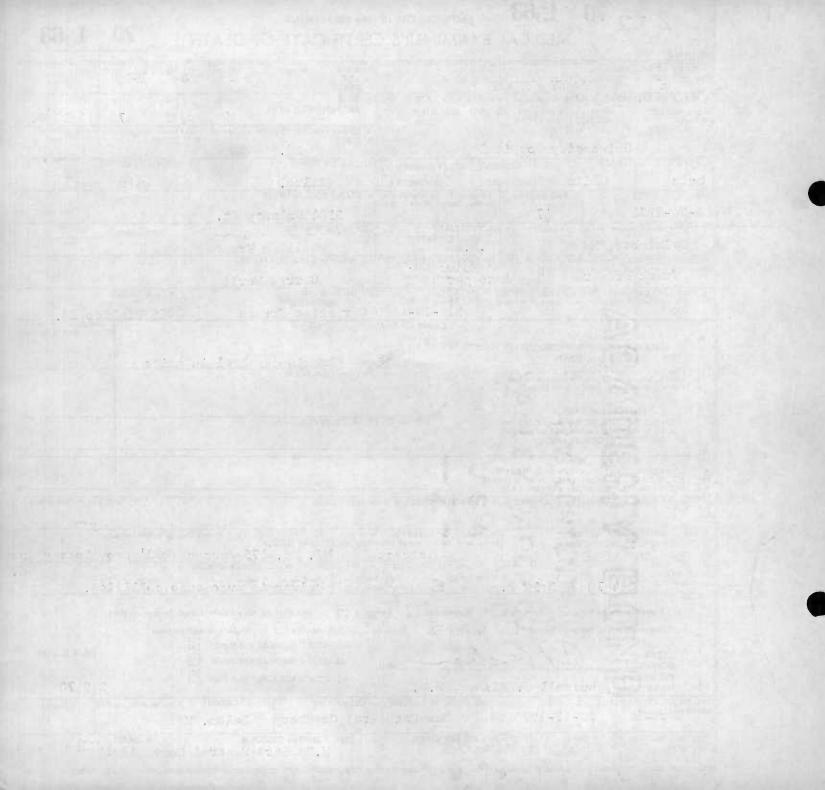
4107Wilkens Ave

k2-12-1970

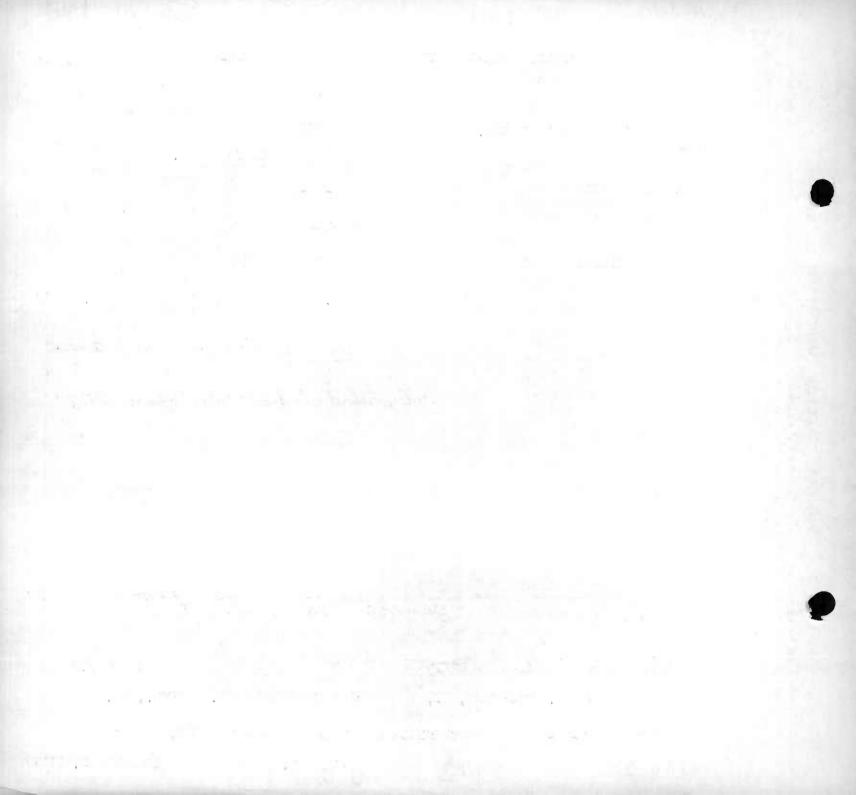
758 NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68



VS 150-REV. 1/1/68



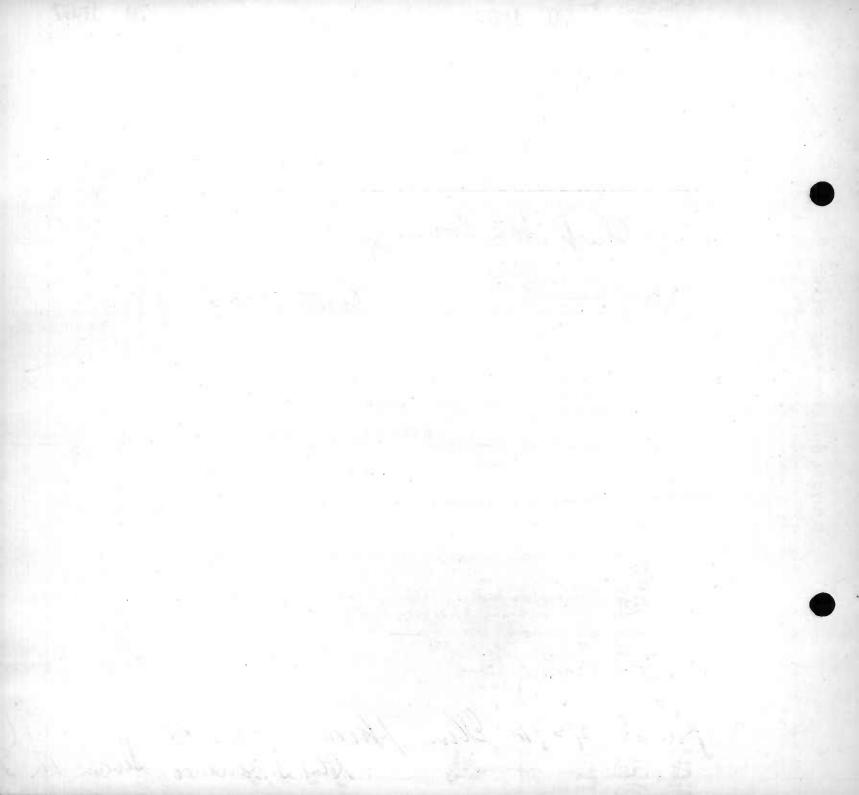
=	10	わーち	- '70	1565	BALTIMORE	CITY HEALT	TH DEPARTMENT	V	1210	4-05
MEG and ath the uch		IRTH NO. Tak	1160. m	1300	CERTIFIC	CATE	OF DEATH	REG. NO	'70	1565
Su as a su a	- Id	NAME OF DECEASE					2. DATE A	ND HOUR OF DEAT	н	2552
- B 00 -	3	PLACE IN BALTIMO	RE MARYLAND, W	PD DAVI	SUNCED DEAD	4. USU	JAL RESIDENCE (Wh	ere deceased lived. II	institution; resi	idence before admission)
F (5)	- 11					1100010	5. 000	N II		MA A C.
a he caus se; (;	ji ji	19111011011			UTION, GIVE STREET		MARY LAND OR TOWN		FALBOT	J D 2 4
			IS HOPKINS		AL		ASTON		YES 📑	NO 🗌
SPI sping d cau	1	BALT IPON	E, MD 2120	77			EET AND NUMBER	CTREET		
5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	5.	SEX 6. RA	ACE	7. MARRIED	NEVER MARRIED		OF BIRTH	9. AGE (In years	If Under 1	Y. (6 H-4 24 H-
occur natrib regula		MALE	WHITE	WIDOWED	DIVORCED	02-	07-70	lost birthdoyl	Months D	Poys Hours Min.
n co	10 de	A. USUAL OCCUPAT	ION (Give kind of work	10B, KIND OF	BUSINESS OR INDU	STRY 11. BIRT	THPLACE (Slote or for	eign country)	12. CITIZE	N OF WHAT COUNTRY
AL or nd or itio		CHILD					MARYLAND		US	A
if d if d (4) U wa the spos	13	FATHER'S NAME				14. MO	THER'S MAIDEN NA	ME		
5 7 to 1.5 cm		WILLIAM				CH	ARLOTTE MI	LLER		
A A pour	(Y.	Was Deceased Ever	in U. S. Armed Forces, give wor or doles	es? of service	1 6. SOCIAL SECURITY NO.		DRMANT	505 Hollyd	av St.	DDRESS
assissis if the nay kill the dance dance or tinn or ti		NO	,	10	NONE		LIAM DAVIS,	Easton,		1601
00 0.000		18. 7 7 G	CONDITION DIR	9 15	CAUSE OF D	ATH			BET	APPROXIMATE INTERVAL
IMP IMP or his Also, e of an nounce attene		LEA	DING TO DEATH	- E	CANDAMEDIATE	CAUSE RE	anirating.	Faclur		8 hrs.
E. T. Dora		heart failure, asthe	ean the made of nia, etc. it means	the disease v	DUE TO, OR	AS A CONSE	QUENCE OF:	· cucur		0 1113 .
OR: niner. racturacturacturacturacturacturacturactu		injury or complicat	lion which caused	death.)		,	0.	- 12		
			ONDITIONS, if a	2	(8) resp	revoten	J. Wente.	a Synthon	ne 2	8 hvs.
PFEC I exan exan (3) A in re		rise to the ab	ave cause (A)	stoling The	7 14	AS A CONS	e Mark	Deseave.		
70 HT 10 10 10	1	ONDERENING CO	II		(c)e	jacen	C TIGHS. I	essaw.		
HAS medice edice burns hysic n wa	ON ON	OTHER SIGNIFICAN	CONDITIONS CON	TRIBUTING	5.					
	CAT	IDISEASE OF CONDI.	NOT RELATED TO THE	1 (A).						
DAVIS FAMILE is chief by a m by a m 2) Body e the p physicic ore the	CERTIFICATION	19A. DATE OF OPER	WAS PERFO	RMED	HICH OPERATION	20 A.	YES	10 CERTIFYING CA	FINDINGS CO	ONSIDERED ATH?
X = = _ —		21A. ACCIDENT W.	AS UNDERLYING	21 B. I	PLACE OF INJURY (e.	g, in or obout	21C. WHERE DID	(II In Boltimo	re City, give e	xoct locotion)
× = 5 × 5 × 5	MEDICAL	DEATH (notify medic	of exomined	etcJ	y total tocally, succes	onice orage	INJURY OCCUR!			
osp osp attur	MED	OF INJURY	th) (Doy) (Year)		INJURY OCCURRED	21.01	21F. HOW DID INJ	URY OCCUR?		
		(APPROX)		Work		Vhile				
pproperty of the any (except of the option); and options of the op		22. I certify that	(1) (t his hospital)	attended the	e deceased from	2-7-		19to	2-7	19_70-
5 5 5 5 5		that (i) (we)-last	saw the deceased	alive on	2-7	19	70 and th	at in (my) (out) ap	infan death d	accurred an the date
rust be leased ident hospit o deat		23A. SIGNATURE	A COUSES STORE	a abave. (I)	(We) (did) (did no) view the	bady after death.		23B, DATE S	IGNED -
T 30.0 C 0		Wm	1 Back	done		Attending Phys.	Med. Director	Staff Phys.	7/2	1_
0 5 0 5 2		23C-PRYSICIAN'S NAME (Type)	07	0 // 0	DEGREE	23D. ADD		rnya, tali	17/	/70
ifficate my was rely (1) An acc		Willian	n 6. 6ai	tholo	me M DEG	REE TIM	E IOUNG HO	DKING HOSE	LTAL	
T-000-	24/	REMOVAL (Specify		24C.NA	ME of CEMETERY OF	CREMATORY		PKINS HOSE		ounty) (Stote)
THE B This certif the body shows: (1) was D.O./ deceased	25.7	Burial	2-9-70		CATHEDRAL (LTMMORE, MI	0.	
This the show was dece		EB 9 9/	3 2000	TO NAME OF	SI CO		FUNERAL DIRECTOR	ard-4107 W:	ilkens A	ADDRESS Ave-21229
	VS	150-REV. 1/1/68			U U	1	2. 2. 2.	1		/

· ·

VS 150-REV. 1/1/68



T 122 70 1	BALTIMORE CITY	HEALTH DEPARTMENT	1	70 1567
	567 CERTIFICA	TE OF DEATH	REG. NO.	10 101,
NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
ype or Print)	1			
FORD, Verno			/3/70	nstitution: residence before admission
PLACE IN BALTIMORE, MARYLAND, WHERE	KONOUNCED DEAD	A. STATE B. COUL	NTY	asinonom residence belore odinission
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	Anne Aru	andle 5200
NSTITUTION		C. CITT OR TOWN	D. INS	
3		Severna P	ark	YES NO
The Johns Hopkins Ho	spital	Rt. #1, Bo	ox 198-C	
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
Male White WID	OWED DIVORCED	1/23/06	64	
A. USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNT
ne during most of working life) even if retired)	to Krocessin	7	2	USA
FATHER'S NAME	na ma cession	14. MOTHER'S MAIDEN NA	AAF	
1)		
George Ford		Claudia 1	Rice	
. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL	17. INFORMANT	0	ADDRESS
es, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	X -off	IO	01
///		Horolly C	100d -1	elone
186410.01	CAUSE OF DEAT	H'		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0		
LEADING TO DEATH		ISE MYCCARDIAL A CONSEQUENCE OF:	I GIEN OCTI	an/
(This does not mean the made of dying,	(A) IMMEDIATE CAL	SE TICYO CARLUIAL	TOPARCIT	070
heart failure, asthenia, etc. It means the di	30430,	A CONSEQUENCE OF:		
injury ar camplication which caused death.			•	
ANTECEDENT CAUSES	H400	RTENSIAN A	ISCVI)	
DISEASES OR CONDITIONS, if any,	DUE TO, OR AS	A CONSEQUENCE OF		
rise to the above cause (A) stating	- the			
UNDERLYING CONDITION Iasi.	(c) UREM	IA, ? CVA	************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING			
I I O THE DEATH BUT NOT RELATED TO THE TERM	AINAL CATO	nic Lune di	seas e	
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERS
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED			IN CERTIFYING CA	FINDINGS CONSIDERED
		Yes		NO
	218. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If In Boltima	ire City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	mce bidg., INJURY OCCUR?		
)				
21 D. TIME (Month) (Doy) (Year) (House	21 E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Not Whi	e \square		
17.110/4/	Work L Al Work			
22. I certify that (1) (this hospital) atter	nded the deceased from	Felmany /	19 20 to F	ebruary 2 1970
that (1) (we) last sow the deceased aliv	Fobminal ?	HPMO 200	hank != (\ /\	lates dank as a first
				rillion awarn occurred on the d
and have and from the causes stated abo	ove. (I) (We) (did) (did not)	riew the body after deoth.		
23A. SIGNATURE	1 -			238. DATE SIGNED
11. 41	// - Ath	ending Med.	Staff	Tal - "
Hang X-1	leu DEGREE Phy		Phys.\	February 3, 18
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	CI CO	/ /
	n M D	The Tehne II		1
Harvey G. Klei		The Johns Ho		
BEMOVALISPECTO	24C. NAME OF CEMETERY OF CR	EMATTORY 24D. 1	OCATION	City, town, or county) (Stote)
Sunax 2/5/10	436	Reserve 5	W. K)11
7-110	John /	wow /-	run Du	much M
A. DATE REC'D BY HEALTH DEPT 258 N	E OF REGISTRAR	25C. EUNERAL DIMECTO	8)	ADDRESS
FEBO TUNI JAGGE E VA	THE PARTY OF THE P	a solot of t	anguera	. Alvey - 1h
A STATE OF THE STA		11	(
\$ 150-REV. 1/1/68		1 0 0 0 0 0		



1-200 70 1568 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S	lau a
BIRTH NC.	REG. NO.
(Type or Print) CECLIA LAKE	2. DATE Known & Month Doy Year Hour OF DEATH Estimated February 5, 1970 12:10 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
IFUL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	February 5, 1970 12:10 A.M. 5. USUAL RESIDENCE (Where deceased lived. M Institution: residence before odmission)
33 John Hopkins Hospital	A. STATE Maryland B. COUNTY ANNE ARUNDEL
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Female White	C. CITY OR TOWN D. INSIDE CITY LIMITS?
WIDOWED DIVORCED	HNNAPOLIS YES NO D
7-1-64 last birthday) Manths Days Hours Min.	695 Americana Drive 5200
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME
14A.USUAL OCCUPATION (6 he kind of work 148. KIND OF BUSINESS OR INDUSTR' done during most of warking life, even if retired)	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN O.S. ARMED FORCES? 17. SOCIAL	18_INFORMANT ADDRESS
(Yes, no Trunknown) (If yes, give wor or dates of service) SECURITY NO.	Miss James Lake - Colores
19. 4. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	
(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury or camplication which caused decit.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (p)	
[0]	AS A CONSEQUENCE OF:
I UNDERTING CONDITON TAST	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes ar Na)
→ iX	Yes
222. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. hame, farm, factory, street, affici	in ar about 22C. WHERE DID (If in Baltimare City, give exoct location) bldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED.	22F. HOWDID INJURY OCCUR?
(APPROX.) WHILE AT WORK AT W	WHILE ORK
23. I certify that I held an Inquiry Inspection Au	topsy X and that on this basis, death in my opinion
resulted from: Natural causes Accident Suicid	
	CHIEF MEDICAL EXAMINER
SIGNATURE Charles J. Tale M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER February 5, 1970
24A. BURILL CREMATION, 24B. DATE 24C. NAME & CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, toyn, or county) (State)
Lymn III /ame o.	CO DIAMO.
25 A DATE REC'D BY HEALTH DEPT - LOSE TRAME OF DECISTORD	Jen Schenedary 11.9.
FEB 9 1970 Tabel E 256 NAME OF REGISTRAR	25C AUNERAL DIRECTOR ADDRESS

Letter from M.E.'s office 3-11-70 M.H.

5.362 70 1569	BALTIMORE CITY	HEALTH DEPARTMENT		1500 4500
BIRTH NO. 1. NAME OF DECEASED	CERTIFICA	TE OF DEATH	REG. NO	70 1569
(Type or Pont)	ARKS		HOUR OF DEATH	0.300
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE		2-6		1 7. 35 P
FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION) SPROVIDENT HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	, GIVE STREET	MARYLAND C. CITY OR TOWN BALTIMORE	D. INS	IDE CITY LIMITS? YES NO NO
	NL	1550 A	J. FREMON	T AVE
TEMALE NEGRO WIDOWED TO	DIVORCED	J 6 16 10	AGE (in years ost birthday)	If Under 1 Yt. If Under 24 H Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI) done during most of working life, even if refired)	NESS OR INDUSTRY	11. BIRTHPLACE IState or foreig	n Country)	12. CITIZEN OF WHAT COUNT
13. FATHER'S NAME		ALABAM,		U.S.A
(NOT. H	(NOWN)	14. MOTHER'S MAIDEN NAM	()	NOT KNOWN
15. Wos Deceased Ever in U. S. Armod Forcos? Yes, no or unknown) (If yes, give wer or doles of service)	CIAL ECURITY NO.	17. INFORMANT WILLE	MAG	PENN - SAM
18.	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) ART	PNEUMONIA AGONSEQUENCE OF: FLUIT ACCU EMOSCLENOTIC A GONSEQUENCE OF: LOWER PL	unulation (DAYS un DAYS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	-			
19A DATE OF OPERATION 19B CONDITION FOR WHICH FEB-2, 1970 WAS PERFORMED 21A ACCIDENT WAS UNDERLYNG 0 21B PLACE	t. lig	20A. AUTOPSY? (Yos or No)	IN CERTIFYING CAL	
OR CONTRIBUTING CAUSE OF home, form, DEATH (notify modical examiner)	, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Yeorl (Hour) 21E, INJURY (APPROX.) White A1	Not While		RY OCCUR?	
22. I certify that (I) (this hospital) attended the decithat (I) (we) last sow the deceased alive on	eased from	19 70 ond that	76 to F	olon death occurred on the da
and hour and from the couses stated above. (1) (1)			Cont obtu	non death occurred on the do
manuel & Tan	Atter		hoff &3	23B, DATE SIGNED
MANUEL J. TAN)	Director P	haff,	120.6/10
B and D II HA A	CEMETERY OF CRE	MATORY 24D. LOC	CATION ICity	y, town, or county) (Stote)
SA DATE REC'D BY HEALTH DEPT. POSE MANY OF HEALTH PER LANGUAGE CONTROL OF HEALTH PER LANGUAGE	RTIERS	25G. FUNERAL DIRECTOR	V.R. BAIL	EY ADDRESS
C 160 PEV 1/1/44		HATTONIK, H	. 1248 (PALHOUN ST.

INTEREST TARRETT

FLMIN NEGRO X

Y JOHN TUAN 1557 IN TILLMONT A VI

3-6-16 78 08

ALABAMA USA

S TOM

WILLIE HAE PENE

PALLANDAIA WITH TAY

+ Lind accommend Line

ARTEMOSCLETTE GAM HAND DATE

FEB-7, ATO gangrine RT hing MO

NET KNOWN

Ent 6 Jun 17 10 114 6

married & Tam

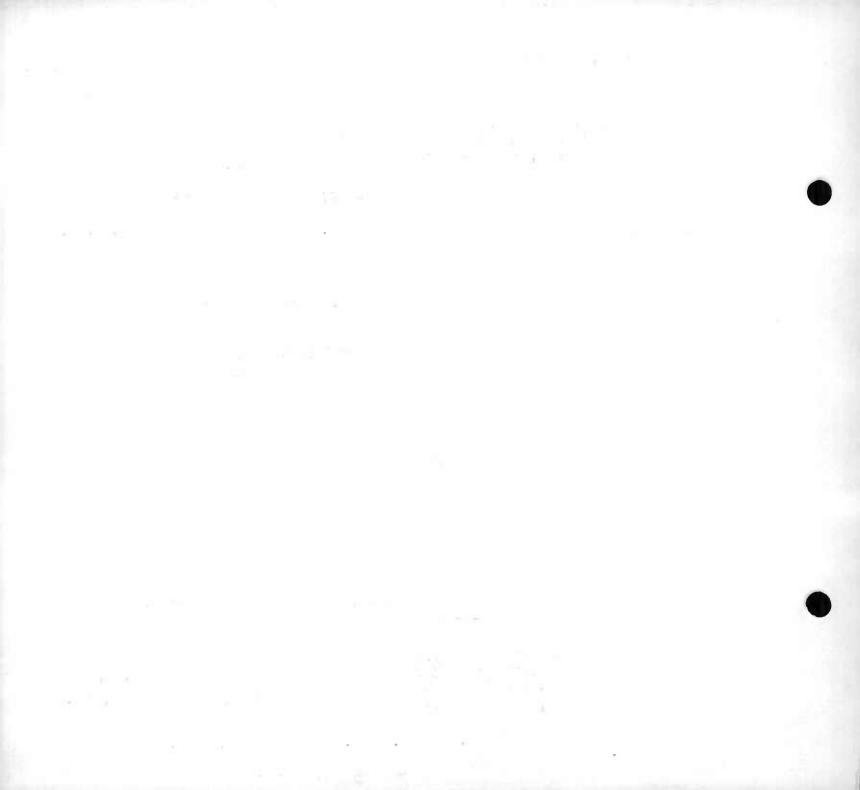
11/11/20

111-112	70 1	BALTIMORE CITY	Y HEALTH DEPARTMENT	1000	1 1
BIRTH NO.	.0 1	570 CERTIFICA	TE OF DEATH	REG. NO.	1570
(Type or Print)	STER A.	1/2/24-	2. DATE AND I	OUR OF DEATH	10
3. PLACE IN BALTIMORE		VURIGITY.	II4 IISIIAI PESIDENCE (Where A	170	12-A.
	WHITE !	KONOGHCED DEAD	A. STATE B. COUNTY	ceosed lived, it institution:	residence belore admission
FULL NAME OF (IF	NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Mcl. F	ACTO.	1607
INSTITUTION			C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
MONT	EBELLO	DIAIR	DACOO	YES L	NO
91	Hoso	BAL50	E. STREET AND NUMBER	Jr. BA	1.50-
5. SEX 6. RACI	/ 7. MA	RRIED NEVER MARRIED		GE (in years II Und	der 1 Yr. II Under 24 Hrs si Doys Hours Min.
14. 1		OWED DIVORCED	10-11-25	4	B Doys Hours Min.
IOA. USUAL OCCUPATION	(Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign of	country) 12. CI	TIZEN OF WHAT COUNTR
done during most of working li	e, even if retired)				
12 SATUSDIE MAAG			Ind.		I.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Tai	MES WRIGH	17			
5. Was Deceased Ever in	U. S. Armed Forces?	NA social	17. INFORMANT		ADDRESS
Yes, no of unknown) (If yes,	give war or doles of se				
YES 11/3/	43 - 1/6/46	219-14-2596	HILDA WRIGHT	- WIFE -	SAME
18.25019	1	CAUSE OF DEAT	н	1	APPROXIMATE INTERVAL
DISEASE OR C	ONDITION DIRECTLY			1	BETWEEN ONSET AND DEAT
	G TO DEATH	(A) IMMEDIATE CAL	FREBERG	- PEHORDHA	4 Hours
this does not mean	the mode of dying, , etc. It meons the dis	6.0.	A CONSEQUENCE OF:	V _j	-
injury or complication	which caused death.)			7	1
ANTECE	DENT CAUSES	\mathbb{D}	55315 N/=011	DADDELLIN	el voc
		(B) (B) 17+1-	BETIC. NEPH	-RODFITTY	TYNS
rise to the obove	DITIONS, if any, a cause (A) stoling	41	A CONSEQUENCE OF:		1
UNDERLYING COND	TION last.	(c) D	ABETES. MEL	CITUS	1/125-
	11			SEVER	***************************************
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITIO	ONDITIONS CONTRIBUT	IING		10000	-
TO THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED TO THE TERM	INAL			
19A. DATE OF OPERAT	ON 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20	A IF YES WERE EINDING	CONSIDERED
19A. DATE OF OPERAT	WAS PERFORMED		VEC. IN	CERTIFYING CAUSES OF	DEATH?
21A. ACCIDENT WAS	UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21 C WHERE DID	100	
OR CONTRIBUTING DEATH (notify medical	CAUSE OF	hame, tarm, tactary, street, of	fice bldg., INJURY OCCUR?	(If In Boltimore City, gl	ve exoci locotion)
DEATH (Nonly medicol	examined	etc.)			
DEATH (notify medical 21 D. TIME (Manth) OF INJURY	(Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX.)		White At Not While			
		THOIR			
		ded the deceased from	12-17 196	9 to 2-6	19.70
that (If (we) last so	w the deceased alive	an 2-6	19.70 and that In	(mg) (our) opinion dec	th occurred on the dat
and have and from th	e couses stated abo	ve. (1) (We) (did) (did nat) v		tipir (our opinion dec	an occorred all the dat
23A. SIONATURE		very (mer (ala) (ala-hat) v	ew the bady after deoth.		
de	1 108 1	110	nding Med. Staff		TE SIGNED
Maynu.	ne uxue	MILLECTURE Phys	Director Phys.	1 0	46/77
23°C. PHYSICIAN'S MAME (Type)	, 1//	110	3D. ADDRESS		1-1-11-
PAVMO	in Villeta	PRINA	MONTERE	LLO SOM	TE NOSL
4A. BURIAL CREMATION,	24B, DATE 2	4C. NAME OF CEMETERY OF CRE	MAYORY I	BALTO	7
REMOVAL (Specify)	0 0 10	4C. NAME of CEMETERY of CRE	MATORY 24D. LOCAT	ION (City, town,	or county) (Stote)
BURIAL	6-7-70	. PALTO. NAT'L	CEM BAK	70. 500d	
5A. DATE REC'D BY HEAD	TH DEPT 9258. NA	MEOFEREGISTRAR	25C. FUNERAL DIRECTOR	O O DUEIL	ADDRESS
EB 10 19/0 U	When the Lange		Ora Escale &	K. SHILEY	and a second
== 3 A 121 A			MIC LOUIS DE FI.	1048 N.CA	LHOUN SI

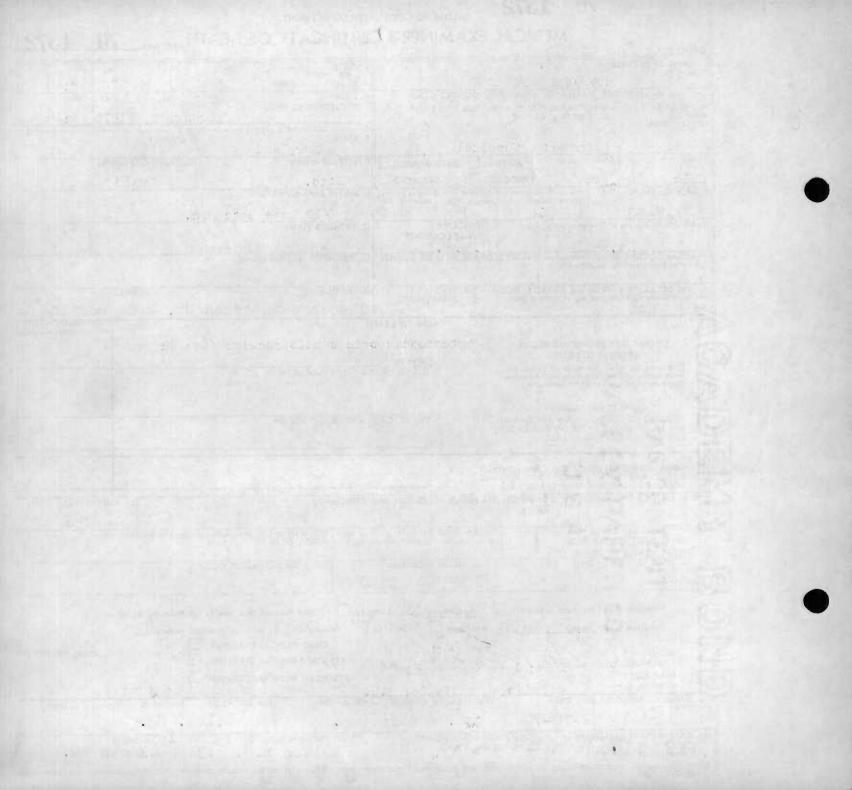


FUNERAL DIRECTOR: IMPORTANT

0	60 70	1574	BALTIMORE CIT	LIEVELLI DEL VICIWELLI		70 1571				
BIRTH NO.		1571	CERTIFICA	TE OF DEATH	REG. NO	.0 10/1				
I.NAME OF D	ECEASED			2. DATE A	ND HOUR OF DEATH					
	Joiner, Colum			2-4-		8:45 P.				
3. PLACE IN B	ALTIMORE MARYLAND, V	WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution: residence before admissi				
FULL NAME O	OF (IF NOT IN HOSPI)	TAL OF INSTITU	ITION CIVE STORET	2. 0001	NTY	1712				
HOSPITAL OR	ADDRESS OR LOC		JTION, GIVE STREET	C. CITY OF TOWN	In this	1/00				
20	Provident			Baltimore	D. INS	IDE CITY LIMITS?				
3/	1514 Di vi	ison St	reet	E. STREET AND NUMBER						
	Baltimore	e, Maryl	Land 21217		T) 3					
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years					
Male	Negro	WIDOWED	DIVORCED	6-3-01	last birthdoyl	Months Doys Hours Min.				
IOA. USUAL OC	CUPATION (Give kind of world	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fore	ion country)	12. CITIZEN OF WHAT COUNT				
done during most Unempl	or moreing mis, sall it tailing)									
13. FATHER'S N	AME			Ala.		U. S. A.				
INITIES 3 N	Dan	n Moine	er	14. MOTHER'S MAIDEN NAME						
					Rebbecca	£				
Yes, no or unknow	ed Ever in U. S. Armed For wal lif yes, give wor or doto	cos?	16. SOCIAL	17. INFORMANT		ADDRESS				
yes	9-26-18* 1.	-8-19	SECURITY NO.	Mrs. Bertha	Toiner-Wife	Same				
18.	A / V:	0 19	CAUSE OF DEAT		OTHEL-MITTE					
PICE	ASE OR CONDITION DI		CHOSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA				
Disc	LEADING TO DEATH	RECILY		lladay.						
(This does	not meen the mode of	dvina oa	(A) IMMEDIATE CAU	ise troughern	va.					
heort tailure	e, oshenio, elc. Il meons	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	XV15000	50				
injury or co	omplication which coused	deoth.)		ISE HODGKINGA CONSEQUENCE OF:	- NACIUN					
	ANTECEDENT CAUSES		4-4							
DISEASES	OR CONDITIONS, If	onv. giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	**********				
rise lo l	the obove couse (A)	sloling the								
ONDERLIII	NG CONDITION lost.		(c)		~~~~~					
Z	-11		1 0	0.						
OTHER SIGN	IFICANT CONDITIONS CON	IN TERMINAL AT	PURLUA	nary Ede	2-40					
T DICEACE OR	CONDITION GIVEN IN PART	T 1 (A).		act of con	174					
U 10A DATE OR	OR OBCOATION INCO			A						
19A. DATE C	F OPERATION 198 CONI	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED				
19A.DATE C	OF OPERATION 198 CONI WAS PERF			Yes	20th IF YES, WERE F	INDINGS CONSIDERED				
19A. DATE O	OF OPERATION 198 CONI WAS PERF			Yes	IN CERTIFYING CAL	INDINGS CONSIDERED SES OF DEATH? City, give exact location)				
OR CONTRIE	OF OPERATION 198 CONI WAS PERF ENT WAS UNDERLYING DUTING CAUSE OF fy medical exomined				IN CERTIFYING CAL					
OR CONTRIE	OF OPERATION 198 CONI WAS PERF	218. I home etc.)	LACE OF INJURY (e.g., ir, form, foctory, street, of	Yes n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	IN CERTIFYING CAL					
OR CONTRIE	PF OPERATION 19% CONI WAS PERF ENT WAS UNDERLYING T SUTING CAUSE OF fy medical exomines	(Hour) 21 & 1	PLACE OF INJURY (e.g., in form, foctory, street, of	Yes nor obout 21C, WHERE DID fice bidg, INJURY OCCUR? 21F. HOW DID INJ	IN CERTIFYING CAL					
OR CONTRI DEATH (notice)	POPERATION 19% CONI WAS PERF ENT WAS UNDERLYING 1 SUTING 1 CAUSE OF fy medical exomined (Month) (Doyl (Year)	(Hour) 21 & 1 While Work	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred has all hos while his work	Yes nor obout 21C, WHERE DID fice bidg, INJURY OCCUR? 21F. HOW DID INJ	IN CERTIFYING CAL					
OR CONTRI DEATH (notice)	PF OPERATION 19% CONI WAS PERF ENT WAS UNDERLYING T SUTING CAUSE OF fy medical exomines	(Hour) 21 & 1 While Work	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred has all hos while his work	Yes nor obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJ	IN CERTIFYING CAL	City, give exact location]				
21D. TIME OF INJURY (APPROX.) 22. I certif	POPERATION 19% CONING 19% CONING 19% CONING 19% CAUSE OF fry medical examines (Month) (Doyl (Year)	218 F home etc.) (Hour) 21E 1 While Work	NJURY OCCURRED At Not While At Work	Yes nor obout 21C, WHERE DID fice bidg, INJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	City, give exact location)				
21A. ACCID OR CONTRID DEATH (notice) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we	PF OPERATION 19% CONING 19% CONING 19% CONING 19% CAUSE OF for medical examines) (Monthi (Doyl (Year) 19% (19% (19% (19% (19% (19% (19% (19%	(Hour) 21 E 1 While Work ottended the	PLACE OF INJURY (e.g., ir, form, foctory, street, of the injury occurred to the injury occu	Yes nor obout 21C, WHERE DID fice bidg, INJURY OCCUR? 21F. HOW DID INJURY 1-70 1	URY OCCUR?	City, give exact location)				
21A. ACCID OR CONTRID DEATH (notice) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we	OF OPERATION 19% CONIN WAS PERF	(Hour) 21 E 1 While Work ottended the	PLACE OF INJURY (e.g., ir, form, foctory, street, of the injury occurred to the injury occu	Yes nor obout 21C, WHERE DID fice bidg, INJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	-70 19 lon death occurred on the do				
21A. ACCID OR CONTRIP DEATH (not) 21D.TIME OF INJURY (APPROX.) 22. I certif that (i) (we ond hour or	OF OPERATION 19% CONIN WAS PERF	(Hour) 21 E 1 While Work ottended the	PLACE OF INJURY (e.g., ir, form, foctory, street, of injury occurred to the state of the state o	Yes nor obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 1-70	IN CERTIFING CAL	City, give exact location]				
21A. ACCID OR CONTRII DEATH (notice) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and hour or 23A. SIGNAT	POPERATION 198 CONING	(Hour) 21 E 1 While Work ottended the	PLACE OF INJURY (e.g., ir, form, foctory, street, of injury occurred to the state of the state o	Yes nor obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 1-70	URY OCCUR?	-70 19				
21A. ACCID OR CONTRII DEATH (notice) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and hour or 23A. SIGNAT	POPERATION 198 CONING	(Hour) 21 E 1 While Work ottended the	PLACE OF INJURY (e.g., ir, form, foctory, street, off the property of the prop	Yes nor obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJ 1 - 70	URY OCCUR? 10 10 2-4 11 In (my) (our) opin	-70 19 lon death occurred on the do				
21A. ACCID OR CONTRIP DEATH (not) 21D.TIME OF INJURY (APPROX.) 22. I certif that (i) (we ond hour or	POPERATION 198 CONING	(Hour) 21 E 1 While Work ottended the	PLACE OF INJURY (e.g., ir, form, foctory, street, off the property of the prop	Yes nor obout 21C, WHERE DID fice bidg, INJURY OCCUR? 21F. HOW DID INJ 1 - 70	URY OCCUR? 10 10 2-4 11 In (my) (our) opin	-70 19				
21A. ACCID OR CONTRID OR CONTRID DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certif that (i) (we and hour or 23A. SIGNAT 23C. PHYSICI NAME (PF OPERATION 198 CONIN WAS PERF ENT WAS UNDERLYING DUTING CAUSE OF for medical exominer) (Monthi (Doyl (Year) y that (I) (this hospital) y) lost sow the deceased from the couses state URE AN'S Typel	(Hour) 21 & 1 While Work) ottended the d olive on 2 ed obove. (1)	PLACE OF INJURY (e.g., ir, form, foctory, street, of the street, o	Yes nor obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJURY 1-70 1 19 ond the lew the body ofter deothe 23D. ADDRESS 1514 Divison 3	IN CERTIFING CAL (If In Boltimore URY OCCUR? 9to2=4 ot in(my) (our) opin Shaff Phys.	-70 19 lon death accurred on the day 23R DATE SIGNED Feb. 5, 1970 timore, Md.				
21A. ACCID OR CONTRID OR CONTRID DEATH (nofi 21D.TIME OF INJURY (APPROX.) 22. I certif that (I) (we and hour or 23A. SIGNAT 23C.PHYSICI NAME (4A. BURIAL CR REMOVAL	PF OPERATION 198 CONN WAS PERF ENT WAS UNDERLYING DUTING CAUSE OF five medical examines) (Month! (Doy! (Year) y that (!) (this hospital) y) lost saw the deceased from the causes state URE AN'S Typel EMATION, 248. DATE (Spacily)	(Hour) 21 E 1 While Work) oftended the dolive on 2 ed obove. (1)	PLACE OF INJURY (e.g., ir, form, foctory, street, of the property of the prope	Yes nor obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJURY 1-70 19 ond the lew the body ofter deoth. 1-70 Director 1 3D. ADDRESS 1514 Divison 3 MATORY 24D. LC	IN CERTIFING CAL (If In Boltimore URY OCCUR? 9to2=4- ot !n(my) (our) op!n Stoff E Phys. E Street Bal OCATION (City)	-70 19_lon death occurred on the dot 238, DATE SIGNED Feb. 5, 1970				
21A. ACCID OR CONTRID OR CONTRID DEATH (nofi 21D.TIME OF INJURY (APPROX.) 22. I certif that (I) (we and hour or 23A. SIGNAT 23C.PHYSICI NAME (I) 4A. BURIAL CR REMOVAL BURIAL BURIAL BURIAL	PF OPERATION 198 CONN WAS PERF ENT WAS UNDERLYING DUTING CAUSE OF for medical examines) (Month! (Doy! (Year) y that (!) (this hospital) y) lost saw the deceased from the causes state URE EMATION, 248. DATE (Spacily) 2-9-7	(Hour) 21 E. 1 While Work ottended the dolive on 2 ed obove. (1) I Cing 246. NAA	PLACE OF INJURY (e.g., ir, form, foctory, street, off the property of the prop	Yes nor obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJURY 1-70	IN CERTIFING CAL (If In Boltimore URY OCCUR? 9to2=4 ot in(my) (our) opin Shaff Phys.	-70 19 lon death accurred on the day 23R DATE SIGNED Feb. 5, 1970 timore, Md.				
21A. ACCID OR CONTRID OR CONTRID DEATH (nofi 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and hour or 23A. SIGNAT 23C. PHYSICI NAME (I) 4A. BURIAL CR REMOVAL BURIA SA. DATE REC	POPERATION 198 CONN WAS PERF ENT WAS UNDERLYING DATE OF for medical exomines (Month! (Doy! (Year) y that (!) (this hospital) y) lost saw the deceased from the causes state URE EMATION, 248. DATE (Spacify) EMATION, 248. DATE (Spacify) EMATION, 248. DATE (Spacify)	(Hour) 21 E 1 While Work) oftended the dolive on 2 ed obove. (1)	PLACE OF INJURY (e.g., ir, form, foctory, street, off INJURY OCCURRED Not White At Work of deceased from 2-14-70 (We) (did) (did not) vi We) (did) (did not) vi DEGREE ME of CEMETERY of CREI	Yes nor obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJURY 1-70	IN CERTIFING CAL (If In Boltlmore URY OCCUR? 9to2=4 ot !n(my) (our) op!n Shoff E Phys. E Street Bal OCATION (City V.R.Balle	City, give exact locotion) -70 19 Ion death occurred on the dot 238, DATE SIGNED Feb. 5, 1970 timore, Md. , town, or county) ISiote)				
21A. ACCID OR CONTRID OR CONTRID DEATH (nofi 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and hour or 23A. SIGNAT 23C. PHYSICI NAME (I) 4A. BURIAL CR REMOVAL BURIA SA. DATE REC	PF OPERATION 198 CONING 198 CONIN	(Hour) 21 E. 1 While Work ottended the dolive on 2 ed obove. (1) I Cing 246. NAA	PLACE OF INJURY (e.g., ir, form, foctory, street, off the property of the prop	Yes nor obout 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJURY 1-70	IN CERTIFING CAL (If In Boltlmore URY OCCUR? 9to2=4 ot !n(my) (our) op!n Shoff E Phys. E Street Bal OCATION (City V.R.Balle	City, give exact location) -70 19 ion death occurred on the document of the death occurred on the death occurred occurred on the death occurred o				



1	4-536		MED	ICAI	L EX	CAMINER'S			OF	DEAT	н	'20	15	79		
BI	RTH NC.										REG. NO.	10		LEN_		
I. NAME OF DECEASED R. (Type or Print) THEODORE ANDERSON							2. DATE OF	Known [_	Manth 2	Doy 5	Year 70	Hour			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							3. DATE	Estimolec		Month	Doy	Year	6:40	Р м.		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)						PRONOUNCED DEAD February 5, 1970 6:40 p m.										
Lutheran Hospital							S. USUAL RESIDENCE (Where deceased lived, If institution; residence before odmission) A. STATE B. COUNTY Maryland									
6.	6. SEX 7. RACE 8. MARRIED NEVER MARRIED						C. CITY OR TOWN D. INSIDE CITY LIMITS?									
M	ale	Ngro		WIDON	NED	DIVORCED [Balt	0.			V	s 🖾 i	No 🗆			
9. [DATE OF BIRTH	1	lost birthdoy)	If Un Month	der I Yr. If Under 24 Hrs. hs Doys Hours Min.	E. STREET A	ND NUMBE				-3 20 (10			
11. BIRTHPLACE (State or fareign country) 12, CITIZEN OF						16	23 Lafa	yet	te Ave	е						
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.						Thomas Anderson									
I4A don	.USUAL OCCUI e during most of w	PATION (GIV orking lile, ev	rekind of work i ven If retired)	48. KINI	OF B	USINESS OR INDUSTRY	15. MOTHE	'S MAIDEN	NAM	Ē						
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	IB. INFORM	IANT			AI	DRESS				
(16	no	(it yes, give	war or doles (or service	"	SECURITY NO.	Theod	ore Ar	nde	rson	Jr. 22	206 Rc	svln			
	19.	24.				CAUSE OF DEA		01011				API	ROXIMATE IN			
	DISEASE	OPCONE	OITION DIREC	TIV		Arterioscler	otic ca	rdiowaa	0111	an die	20000	BETW	EEN ONSET A	ND DEATH		
		EADING TO						Lulovas	cul	ar ur	sease					
	(This does no	l meon the	mode of dyl	ng, e.g.,		(A) IMMEDIATE O	AS A CONSEQ	UENCE OF:								
-	injury or com	plication whi	the decision of the character of the cha	th.)												
		ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B) DUE TO, OR AS A CONSEQUENCE OF:														
I UNDERLYING CONDITION LAST.																
CERTIFICATION	TO THE DEA	TH BUT NOT	II NDITIONS CC RELATED TO GIVEN IN PA	THE TERM	INAL								*********	******		
ERT	20A. DATE OF	OPERATIO	1 20B. CON	DITION	FOR V	VHICH OPERATION WA	S PERFORM	21. AUTOPSY? (Yes or No)								
														no		
MEDICAL	UNDERLYING UTING CAL		TRIB-		228. Pl home,	LACE OF INJURY(e.g., form, foctory, street, office	in or about 22C. WHERE DID (If in Saltimore City, give exact location) ce bldg., etc.) INJURY OCCUR?									
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT NOT WHILE																
	23.				m. W											
	I certi	fy that I h	_	quiry [Inspection XX Aut					death In my	•				
ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE S																
										DATE SIGNED						
									DATE SIGN	IED						
	EXAMINE	R'S		0		2	ASSO	CIATE MEDIC	AL EX	AMINER						
244	NAME (T)		IS 24B, DATE	sidor	e M	ihalakis. M.	D.	NY 1			2/8/					
RE	MOVAL (Specification Buria	()	2-10-7	0		Mt. Auburn		RY 2	24D. LC	Balt	(City, town,	or county)	(Stot	e)		
254	FEB 10	0			- A-	OF REGISTRAR	25C. F	Ison I		VI	Baileyar 848 Cal	DRESS	St.			
VS.	151-REV. 3/1/68			1		$0 \rightarrow -$		7	9-							



17.60C BIRTH NO.) 70 :					/() 7 / / / /
		1573	CERTIFICA	TE OF DEATH	REG. NO	10 13/3
	ASED				ID HOUR OF DEATH	
Type or Print)		LORENCE	Ann Hearn		5-70	5:55 PM
3. PLACE IN BALT	MORE MARYLAND, W	VHERE PRONOU				nstitution: residence before admissi
FULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITUT	TION, GIVE STREET	MARYLAND C. CITY OR TOWN		15/2
NSTITUTION				BALTIMORE	D. INS	YES NO
THE	JOHNS HOPK	INS HOS	PITAL.	E. STREET AND NUMBER	707 -	1E3 🔼 140 🗌
33				2316 DRUID	PARK DRIV	Æ
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
FEMALE	NEGRO	WIDOWED	DIVORCED	7-30-37	9. AGE (In years lost birthday) 32	Months Days Hours Min.
		k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore		12. CITIZEN OF WHAT COUN
one during most of w	vorking life, even if retired)			M _d .		U.S.A.
FATHER'S NAM	A E	1.		14. MOTHER'S MAIDEN NA	ME	0.00.20
	narles Bri	ska ja sh	incton	Gertrude		
	Ever in U. S. Armed For			17. INFORMANT	* DI TOCO	ADDRECC
es, no or unknown)	(If yes, give wor or dote	es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			217-34-6951	Melvin Beans	846 (Glenwood Ave.
18.	/- XI		CAUSE OF DEAT	Н	4 2 10	APPROXIMATE INTERVA
DISEAS	E OR CONDITION DI	RECTLY		1 11-	1	BETWEEN ONSET AND DE
	LEADING TO DEATH		Tes	Dirotord IL	rest	
	at mean the made of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
	asthenia, etc. II means plicatian which caused					
				1		
A	INTECEDENT CAUSES		(B) 1 PC	enonitis		
	R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING	abave cause (A)	siding ine	(c) 1-157	ILEY DA LUEN	MONIA	
	CONDITION IOSI,			1113 1 1460	17010114	
				113. 11460	170,011	
Z	II	NTRIBUTING		1131 1100	17010114	
OTHER SIGNIFI	CANT CONDITIONS CO	THE TERMINAL			40001	
O THER SIGNIFI TO THE DEATH DISEASE OR CO	CANT CONDITIONS CO BUT NOT RELATED TO T ONDITION GIVEN IN PAR	THE TERMINAL RT (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
OTHER SIGNIFI TO THE DEATH DISEASE OR CO	CANT CONDITIONS CO	THE TERMINAL RT 1 (A). NOTION FOR W	HICH OPERATION			FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFI TO THE DEATH DISEASE OR CO	CANT CONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 198. CON WAS PER	THE TERMINAL RT 1 (A). NOITION FOR W RFORMED 218. F	PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or No	D) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	CANT CONDITIONS CO H BUT NOT RELATED TO TO DIDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF	THE TERMINAL RT 1 (A). NOITION FOR W RFORMED 218. F	PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or No	D) 20B. IF YES, WERE IN CERTIFYING CA	
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify	CANT CONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 1798. CON WAS PER IT WAS UNDERLYING 1110 CAUSE OF medical examiner)	THE TERMINAL RT 1 (A). MOITION FOR W FORMED 218. P home. etc.)	PLACE OF INJURY (e.g., i form, foctory, street, of	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify	CANT CONDITIONS CO H BUT NOT RELATED TO TO DIDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF	THE TERMINAL RT I (A). NOTITION FOR W FORMED 218. F home, etc.) (Hour) 21E. I	PLACE OF INJURY (e.g., i , form, foctory, street, of	20A. AUTOPSY? (Yes or Not obey) 21C. WHERE DID INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME	CANT CONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 1798. CON WAS PER IT WAS UNDERLYING 1110 CAUSE OF medical examiner)	THE TERMINAL RT 1 (A). MOITION FOR W FORMED 218. P home. etc.)	PLACE OF INJURY (e.g., i form, foctory, street, of INJURY OCCURRED	20A. AUTOPSY? (Yes or Not obey) 21C. WHERE DID INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify DEATH (notify (APPROX.)	CANT CONDITIONS CO H BUT NOT RELATED TO T DNDITION GIVEN IN PAR OPERATION 1798. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medical examine? (Month) (Doy) (Year)	IHE TERMINAL RT I (A): NOTITION FOR W RFORMED 218. F home, etc.) (Hour) 21E. I While Work	PLACE OF INJURY (e.g., i form, foctory, street, of INJURY OCCURRED PAI Not Whit At Work	20A. AUTOPSY? (Yes or No 20 S n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ	20B. IF YES, WERE IN CERTIFYING CA	re City, give exact location)
OTHER SIGNIFI TO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify	CANT CONDITIONS CO H BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor)	THE TERMINAL RT I (A). NOTITION FOR W RFORMED 218. F home, etc.) (Hour) 21E. I While Work	PLACE OF INJURY (e.g., inform, foctory, street, of INJURY OCCURRED At At At Work and deceased from	20A. AUTOPSY? (Yes or Not See See See See See See See See See Se	O) 20B. IF YES, WERE IN CERTIFYING CA	re City, give exact location)
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we)	CANT CONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medicol examiner) (Month) (Doy) (Year) that (1) (this haspito)	THE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 218. F home. etc.) (Hour) 21E. I While Work 1) ottended the ed olive on	PLACE OF INJURY (e.g., inform, foctory, street, of injury occurred at Work at Work and injury occurred at work and	20A. AUTOPSY? (Yes or No. 20) n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ	O) 20B. IF YES, WERE IN CERTIFYING CA	re City, give exact location)
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we)	CANT CONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medicol examiner) (Month) (Doy) (Year) that (1) (this haspito)	THE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 218. F home. etc.) (Hour) 21E. I While Work 1) ottended the ed olive on	PLACE OF INJURY (e.g., inform, foctory, street, of injury occurred at Work at Work and injury occurred at work and	20A. AUTOPSY? (Yes or Not See See See See See See See See See Se	O) 20B. IF YES, WERE IN CERTIFYING CA	e City, give exact location) 19 70 inion death occurred on the
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we)	CANT CONDITIONS CO H BUT NOT RELATED TO TO DODITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this haspito lost saw the decase from the couses ata	THE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 218. F home. etc.) (Hour) 21E. I While Work 1) ottended the ed olive on	PLACE OF INJURY (e.g., inform, foctory, street, of injury occurred at Work at Work and injury occurred at work and	20A. AUTOPSY? (Yes or No. 20) n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ	O) 20B. IF YES, WERE IN CERTIFYING CA	re City, give exact location)
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we) ond hour and	CANT CONDITIONS CO H BUT NOT RELATED TO TO DODITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this haspito lost saw the decase from the couses ata	THE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 218. F home. etc.) (Hour) 21E. I While Work 1) ottended the ed olive on	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred at Work edeceosed from	20A. AUTOPSY? (Yes or Not See See See See See See See See See Se	20B. IF YES, WERE IN CERTIFYING CA	inion deoth occurred on the
OTHER SIGNIFI TO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATUL	CANT CONDITIONS CO H BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this haspito lost saw the decease from the couses sta	THE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 218. F home. etc.) (Hour) 21E. I While Work 1) ottended the ed olive on	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred at Work edeceosed from (We) (did) (did not) was pegreen.	20A. AUTOPSY? (Yes or Not See See See See See See See See See Se	(If In Bollimo	e City, give exact location) 19 70 inion death occurred on the
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we) ond hour and	CANT CONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medical examiner (Month) (Doy) (Year) that (1) (this haspito lost saw the decease from the couses sta	THE TERMINAL RT I (A). NOTITION FOR W IFORMED 218. F home. etc.) (Hour) 21E. I While Work 1) ottended the ed clive on	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred at Work and injury	20A. AUTOPSY? (Yes or Not provided in the prov	(If In Bollimo	inion deoth occurred on the company of the total occurred the company of the comp
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we) ond hour and 23A. SIGNATUI 23C. PHYSICIAI NAME (Ty	CANT CONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medicol exomine? (Month) (Doy) (Yeo) that (1) (this haspito lost saw the decease from the couses sta	THE TERMINAL RT I (A). NOTITION FOR W IFORMED 21B. F home. etc.) (Hour) 21E. I While Work 1) ottended the ed olive on	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred injury occurred in the work of deceosed from the work of t	20A. AUTOPSY? (Yes or Not observed and the state of the s	20B. IF YES, WERE IN CERTIFYING CA	inion deoth occurred on the object 70
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we) ond hour and 23A. SIGNATUR 23C. PHYSICIAL NAME (Ty)	CANT CONDITIONS CO H BUT NOT RELATED TO TO NOT RELATED TO THE RELATION	THE TERMINAL RT I (A). NOTITION FOR W IFORMED 21B. F home. etc.) (Hour) 21E. I While Work 1) ottended the ed olive on	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred at Work edeceosed from (We) (did) (did not) where the control of the cont	20A. AUTOPSY? (Yes or Not observed and the state of the s	20B. IF YES, WERE IN CERTIFYING CA	inion deoth occurred on the company of the to 70
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATUR 23C. PHYSICIAL NAME (Ty 4A. BURIAL CREA	CANT CONDITIONS CO H BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medicol exominer) that (1) (this haspito lost saw the decrease from the couses started to the cou	THE TERMINAL RIL (A): I (A): NOTION FOR W PRORMED 218. F home, etc.) (Hour) 218. I While Work 1) ottended the ed olive on	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred injury of injury occurred injury of injury	20A. AUTOPSY? (Yes or Not Leading and the stew the body after deoth. 23D. ADDRESS THE JOHNS HO 24D. L.	OCATION (C	inion deoth occurred on the object of the property of the prop
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAL NAME (Ty 4A. BURIAL CREATER REMOVAL (S BURIAL BURIAL AND TO THE DEATH TO THE DEA	CANT CONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this haspito lost saw the decrease fram the couses ata RE AATION, 24B. DATE pecify) 2-11	THE TERMINAL RIL (A): I (A): NOTION FOR WITHOUTH PARTY AND THE TERMINAL RIL (A): (Hour) 21E. I While Work 1) ottended the ed olive on	PLACE OF INJURY (e.g., in form, foctory, street, of form, foctory, street, of form, foctory, foctor	20A. AUTOPSY? (Yes or No. 20 A. AUTOPSY? (Yes or No. 20 AUTOPSY) (Yes or No. 20 AUTOPSY? (Yes or No. 20 AUTOPSY? (Yes or No. 20 AUTOPSY) (Yes or No. 20 AUTOPSY. (Yes or No. 20 AUTOPSY) (Yes or No. 20 AUTOPSY. (Yes or No. 20 AUTOPSY) (Yes or No. 20 AUTO	OPKINS HOS	inion deoth occurred on the company of the company
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATUR 23C. PHYSICIAI NAME (Ty 24A. BURIAL CREM REMOVAL (S BURIAL	CANT CONDITIONS CO H BUT NOT RELATED TO TO NOT RELATED TO THE RELATION	THE TERMINAL RIL (A): I (A): NOTION FOR WITHOUTH PARTY AND THE TERMINAL RIL (A): (Hour) 21E. I While Work 1) ottended the ed olive on	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred injury of injury occurred injury of injury	20A. AUTOPSY? (Yes or Not Leading and the siew the body after deoth. 21F. HOW DID INJURY OCCUR?	OPKINS HOS	inion deoth occurred on the company of the company
OTHER SIGNIFI TO THE DEATH TO THE DEATH DISEASE OR CO 19A. DATE OF OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATUR 23C. PHYSICIAL NAME (Ty 24A. BURIAL CREM REMOVAL (S	CANT CONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medicol examiner) (Month) (Doy) (Year) that (I) (this haspito lost saw the decease from the couses sta RE AATION, 24B, DATE pecify) 2-11- RY HEALTO DEPT. 2	THE TERMINAL RIL (A): I (A): NOTION FOR WITHOUTH PARTY AND THE TERMINAL RIL (A): (Hour) 21E. I While Work 1) ottended the ed olive on	PLACE OF INJURY (e.g., in form, foctory, street, of form, foctory, street, of form, foctory, foctor	20A. AUTOPSY? (Yes or No. 20 A. AUTOPSY? (Yes or No. 20 AUTOPSY) (Yes or No. 20 AUTOPSY? (Yes or No. 20 AUTOPSY? (Yes or No. 20 AUTOPSY) (Yes or No. 20 AUTOPSY. (Yes or No. 20 AUTOPSY) (Yes or No. 20 AUTOPSY. (Yes or No. 20 AUTOPSY) (Yes or No. 20 AUTO	OPKINS HOS	inion deoth occurred on the company of the company

IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 1574 1574 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES 🖳 ио П If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location) 19____and that in(my) (our) opinion death accurred on the date 23 B. DATE SIGNED (City, town, or county)

2201 argonne Dr.

ype or Prin	Arthur	B Jones Sr			,1970	
FULL NA HOSPITAL	L OR oddress of location	l or institution, give on)	street	Md C. CITY OR TOWN (If outs	de city limits, write	institution: residence before odmissi
/ 4 on	ion Memorial Ho	sprear		D. STREET ADDRESS OF OF THE STREET ADDRESS O		1
séx Male	6. RACE White	7. MARRIED, NE WIDOWED, D Marrie	DIVORCED (specify)	B. DATE OF BIRTH Aug. 21,1912	AGE (In years est birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Min
Pump	most of working life, even if retired) Operator			11, BIRTHPLACE (Stote or foreign Westernport, Mc	1	12, CITIZEN OF WHAT COUNTRY?
FATHER:	Frank Jones			14. MOTHER'S MAIDEN NAM	Gru	ADDRESS
	ceased Ever in U, S. Armed Fo nknown) (If yes, give wor or do		SECURITY NO.	Gerald W Jones	4350 Rear	
	oilure, osthenio, etc. Il meon					
DISEAS	ANTECEDENT CAUSE ANTECEDENT CAUSE SES OR CONDITIONS, if lo lhe obove couse (A) RLYING CONDITION lost.	d deoth.) S ony, giving stoling the	501.10	arrivalen		
DISEAS	ANTECEDENT CAUSE ANTECEDENT CAUSE SES OR CONDITIONS, if to the obove couse (A) RLYING CONDITION tost. II SIGNIFICANT CONDITIONS HE DEATH BUT NOT REL SE OR CONDITION CAUSING ATE OF OPERATION 198. CO	d deoth.) s ony, giving on the contributing contributing contributing contributing contribution of the co	(C)		20B. IF YES, WER	
DISEAS TISE OTHER TO TI DISEAS 19A. DA 21A. ACCOR COR COR COR COR COR COR COR	ANTECEDENT CAUSE ANTECEDENT CAUSE SES OR CONDITIONS, if to the obove couse (A) RLYING CONDITION tost. II SIGNIFICANT CONDITIONS HE DEATH BUT NOT REL SE OR CONDITION CAUSING ATE OF OPERATION 198. CO	d deoth.) S ony, giving stoling the CONTRIBUTING ATED TO THE IT. NOTITION FOR WH RFORMED	(C)		20B. IF YES, WERI	E FINDINGS CONSIDERED
DISEAS TISE OTHER TO TI DISEAS 19A. DA 21A. ACCOR COR COR COR COR COR COR COR	ANTECEDENT CAUSE ANTECEDENT CAUSE SES OR CONDITIONS, if to the obove couse (A) RLYING CONDITION tost. SIGNIFICANT CONDITIONS HE DEATH BUT NOT REL SE OR CONDITION CAUSING ATE OF OPERATION NAS PEI CCIDENT WAS UNDERLYING INTRIBUTING CAUSE OF (notify medical examinet) ME (Month) (Doy) (Year URY	ony, giving stoling the CONTRIBUTING ATED TO THE IT. NDITION FOR WH RFORMED 218. PL home, etc.)	(C) ICH OPERATION ACE OF INJURY (e.g., i form, foctory, street, of injury occurred)	20 A. AUTOPSY? (Yes or No.) n or about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJU	20B. IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? OTE City, give exact location)
DISEAS mise II UNDER OTHER TO TIO DISEAS TO TO TIO DISEAS TO TO TIO DISEAS TO TIO	ANTECEDENT CAUSE ANTECEDENT CAUSE SES OR CONDITIONS, if lo lhe obove couse (A) RLYING CONDITION lost. SIGNIFICANT CONDITIONS HE DEATH BUT NOT RELESE OR CONDITION CAUSING ATE OF OPERATION 1988, CO. WAS PEI CCIDENT WAS UNDERLYING NATRIBUTING CAUSE OF (notify medical examiner) WE (Month) (Doy) (Year OX) CERTIFY that (1) (this hospital) CENTRY (We) last sow the decease our and from the couses staged on the couse staged o	d deoth.) s ony, giving sloting the CONTRIBUTING ATED TO THE IT. ADDITION FOR WH RFORMED 21B. PL home, etc.) (Hour) 21E. IN While Work ool) ottended the sed clive on oted obove. (1) ((C) ACE OF INJURY (e.g., i form, foctory, street, or injury occurred At Mork deceased from	20 A. AUTOPSY? (Yes or No) n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJURY COLUMN 19 20 and the riew the body ofter deoth.	20B. IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?

fill the same of the file

and the second of the second o

e specialism property 90% with

10 miles in the contract of th

PU U - of America Information

hospital

IMPORTANI

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

5/NA/ HOSPITAL F White.

COWARD

BARBARA

RSPIRATION CHSTIC FIRROSIS

Pattimere

9-7-61 8

1814 Berrywood River 3

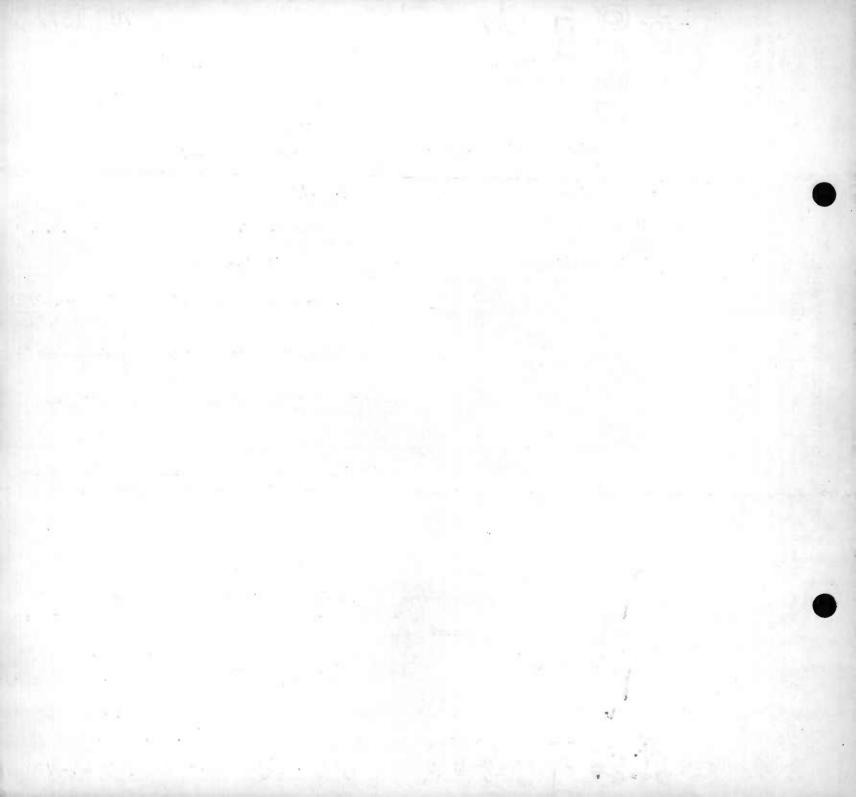
Precomenia NC

80.180

O Colin Helly

\

	101.03			HEALTH DEPARTMENT		MO 4 Course
J-/56	70	1577	CERTIFICA	TE OF DEATH	REG. NO	70 1577
NAME OF DECEA				2. DATE	AND HOUR OF DEAT	Н
(ype or Print)	Gn	ace Spe	nner	Fe	bruary 6, 197	0
PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V		institution: residence before admission
ULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN Baltimore		ISIDE CITY LIMITS? YES NO
44	Union Me	morial i	Hospital	E STREET AND NUMBER	n Avenue-212	
SEX 6	. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
France	White	WIDOWED	DIVORCED	Mar. 5, 1889	last birthday	Months Days Hours Min.
A. USUAL OCCUP	PATION (Give kind of work			11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNT
Home My	rking life, even if retired)			Balto.	Md.	U.S.A.
FATHER'S NAM	E	.1.		14. MOTHER'S MAIDEN	NAME .	
Wil	liam Working	er		81:	zabeth Schen	hla
5. Was Deceased E	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	west Julen	ADDRESS
No	(If yes, give wor or date	es of service)	SECURITY NO.		angkam- 5911	Greenhill Ave212
18. 4	1 91		CAUSE OF DEAT			APPROXIMATE INTERVAL
rise In the UNDERLYING	CONDITIONS, if above cause (A) CONDITION lost.	stating the	(c)	A CONSEQUENCE OF:	dungs	1074
DISEASE OR CO	OPERATION 198. CON WAS PER	RT 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING CING CAUSE OF	21 B	e, form, foctory, street, of	n or obout 21 C. WHERE DIE ffice bidg., INJURY OCCUR	O (If in Boltim	nore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not While At Work		INJURY OCCUR?	
22. 1 certify t	hot (1) (this hospito	I) ottended t	he deceased from	Jarly	1969 to	Feb. 1970
	ast sow the decease			9 19 69 ond		pinion death occurred on the d
				iew the body ofter dear		
23A, SIGNATUR		160 000A6* ((((and not) v	Tew The body offer deor	1110	23B. DATE SIGNED
	Mafan	el	DEGREE Phy	ending Med.	Staff Phys.	
23C. PHYSICIAN NAME (Typ	rs			23D. ADDRESS		4351045
			DEGREE			
AA. BURIAL CREM REMOVAL (Sp	ATION, 24B. DATE	24C. N.	AME of CEMETERY OF CR			(City, town, or county) (State)
Burio		0 5	Parking C		Balto.	Md.
SA. DATE REC'D		B. NAME	ar alsyrak Lemen	COSC. FUNERAL DIREC	TOR	Md. ADDRESS 15 Belair Rd21200
EBION	A hopens of		0000	gohan (17/16	bler Inc64	15 Belair Rd2120
'S 150-REV. 1/1/68	3				*	



T	- 1		BALTIMORE CITY	HEALTH DEPARTMENT		1010	ATTIO
t-65	4 70	1578	CERTIFICA	TE OF DEATH	REG. NO.	70	13/8
BIRTH NO.	FCFA SED				D HOUR OF DEATH		
(Tunn or Print)		En Eng.	mha /z		ruary 6, 197	0	
3. PLACE IN B	Katherine ALTIMORE MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i		nce before admission)
				A. STATE B. COUN	TY		000
FULL NAME OF	OF (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN	To the		833
NSTITUTION					D. INS	IDE CITY LIMITS!	
11.		01.		Baltimore E. STREET AND NUMBER		YES 🔀	ио 🗌
1 () Hous	e in the Pines	- Belain	2		eston Stree	+ -2/2/3	
. SEX	6. RACE	In in					M. H. de Od H.
Female	White	7. MARRIED	NEVER MARRIED [7]		9. AGE (In years lost birthday)	Months Doys	
		WIDOWED	DIVORCED	June 20, 1892	//		
	CUPATION (Give kind of wor of working life, even it retired)	KIOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forci	gn country)	12. CITIZEN	OF WHAT COUNTRY
11	keeper			Baltimore M	do	U.	S.A.
3. FATHER'S N	IAME			14. MOTHER'S MAIDEN NAM	ΛE		
	William J. F.	raunholz		Eva W.	Schmidt		
5. Wos Decens	sed Ever in U. S. Armed For	0	1 6. SOCIAL	17. INFORMANT		ADI	ORESS
Yes, no or unkno	wn) (If yes, give wor or date	s of service)	SECURITY NO.				
No	1		217-36-2678	Frank W. Frau	nholz-6611	Walther	Blvd. Apt. Di
1B.	l + l + 1		CAUSE OF DEAT	1 7 .	carli	APP BETWE	ROXIMATE INTERVAL
DISE	ASE OR CONDITION DE	RECTLY	win was	nos crudic			1 1 0
(TL:- 4	LEADING TO DEATH	t	(A) IMMEDIATE CAL	ISE			3
	s nal meon the made of re, asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:	,		
	omplication which caused		rene	regue or	enosel	rosur'	
	ANTECEDENT CAUSES		(p)			_	
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	the abave cause (A)	stoting the	(a)				
ONDEREN			(C)	1			
Z OTHER SIGN	II NIFICANT CONDITIONS CO	NITPIRITING	Zypn	responding	mus		
TO THE DE	ATH BUT NOT RELATED TO T	HE TERMINAL	0	upertin.			
U 19A. DATE	OF OPERATION 198 CON	IDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CON	ISIDERED
O ERTIF	WAS PER	FORMED			IN CERTIFYING CA	USES OF DEAT	H?
U 21A. ACCII	DENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If In Boltimo	re City, give exo	ct locotion)
	tify medical examiner	hom etc.)	e, form, factory, street, o	fice bldg., INJURY OCCUR?			
U		(Hour) 21 E,	INJURY OCCURRED	21F. HOW DID INJ	Hay occurs		
S OF INJURY			le At Not Whil		ORT OCCUR!		
(APPROX.)		Wor			- 1	4	
22. I certi	ify that (1) (this haspita	l) attended th	e deceased from	yr. 17	1968 to 1-16	0	19 70
that (I) (v	a) last saw the decease	ed alive on	Feb. 5	19 7 G and the	at in (my) (abr) ap	inian death ac	curred an the dat
	-			iew the bady after death.			
23A. SIGN A		red andve. (I	(may take (alla max) v	new the body offer death.		23B. DATE SIC	SNED
	mula V.	4	/6 /) Atte	nding (7) - Med.	Staff	2/6/	70
		LOCO	GEGKEE		Phys.	2/-/	
23C. PHYSIC NAME	CIAN'S Romula	V. Gr	co 14. h	23D. ADDRESS 5-5-0 0	Brily	2 d m	_
			DEGREE	BU	mais, may	2120	C
AA. BURIAL C	REMATION, 248. DATE	24C. NA	ME of CEMETERY OF CRI	MATORY 24D. Le	OCATION (C	ity, town, or cou	unty) (Stote)
0	L (Specify)	0 ,	11001		Baltimo	re. Md.	
DUR 25A. DATE REC	O BY HEALTH DEPT.	B. NAMO	oly R deemen	emeterical DIRECTOR			ADDRESS
TED 1	0 1000 Bes		250	John C. Mille	er Inc-6415	Belgin	Rd21206
TED.	The Paris	1 7	* () (23 2.13 0.17	2000007	

artenes clarke cools . Lourly warmed .. me contraction where Rounday Low MA IMPORTANT

DIRECTOR:

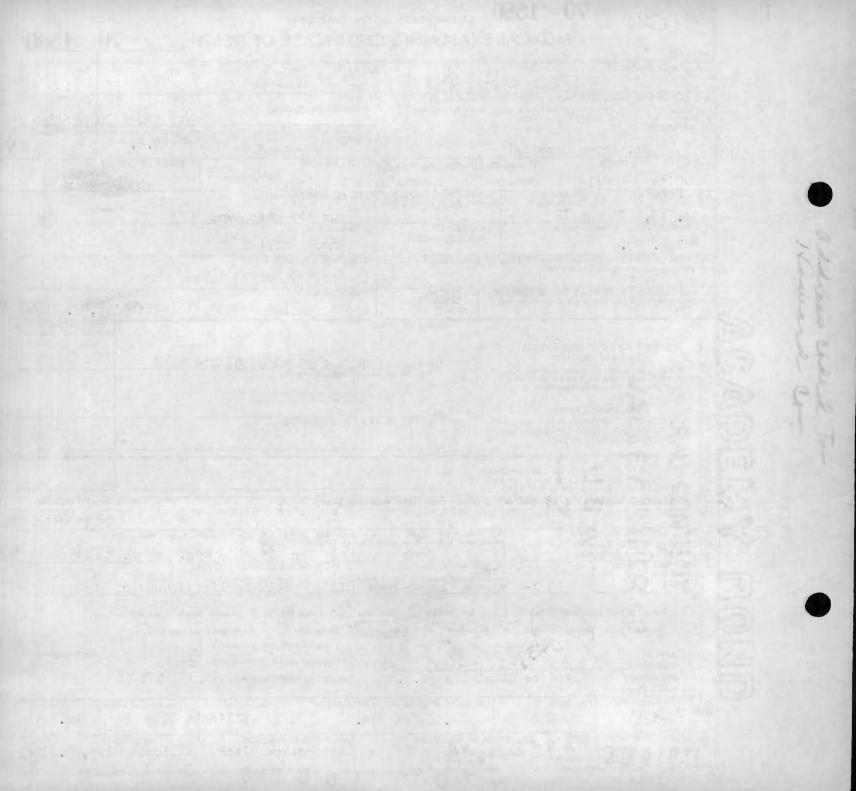
FUNERAL

VS 150-REV. 1/1/68

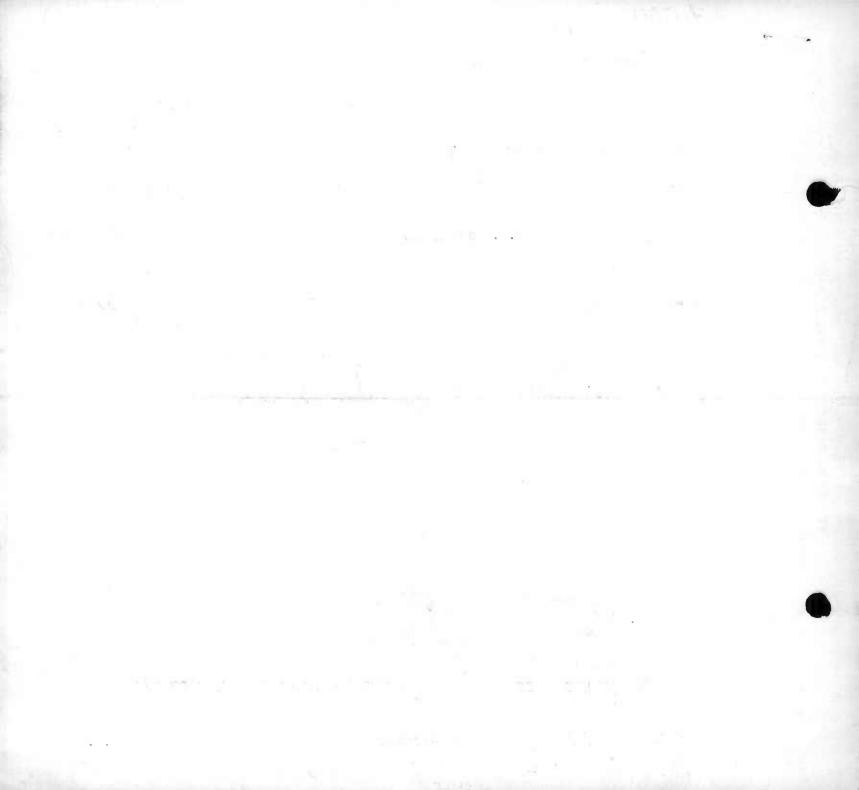
lf Under 24 Hrs. Hours : Min.

(State)

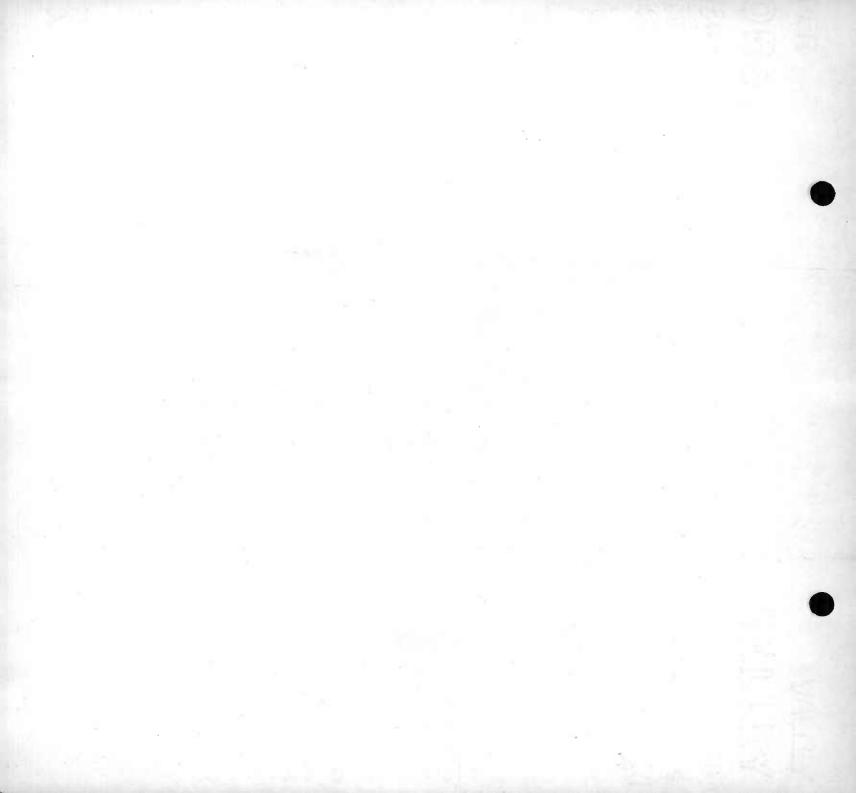
0.054 an in the CHINGEPS AF MEKER HES-



ALTIMORE CITY HEALTH DEPARTMENT	504
BIRTH NO. 70 1581 CERTIFICATE OF DEATH REG. NO. 70 1	581
1. NAME OF DECEASED (Typo or Print) 2. DATE AND HOUR OF DEATH	
TYPO OF PARTY HEINE 2/4/70 7:	20 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence be a STATE B. COUNTY	fore admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) [INSTITUTION D. INSIDE CITY LIMITS? [C. CITY OR TOWN D. INSIDE CITY LIMITS?	00
14 = 4.1. 1	
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months; Doys Ho	Under 24 Hrs.
WIDOWED DIVORCED 1/19/91- IOSE DIVINOVI 7/1 Months Doys Ho	urs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoto or foreign country) 12. CITIZEN OF WH	AT COUNTRY?
RETIRED D.C. Government Dist. of Columnia U.S.	
13. FATHER'S NAME	
FREDERICK WILLIAM HEINE EMMA 5. SIMPERS	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
SECURITY NO.	
1112	
DISEASE OR CONDITION DIRECTLY	ATE INTERVAL
(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE GENERAL 3 Ed CORCINONA FOSIS	
heart foilure, asihenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:	h
tise to the obove couse (A) stoling the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	15
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CEPTERING CAUSES OF DEATH?	ED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, larm, loctory, street, office bldg., INJURY OCCUR?	
S DEATH (notify medical examines) etc.)	1011)
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Not While	
22. I certify that (I) (this hospital) attended the deceased from 1/24 19 70 to 2/4	19_70
that (1) (we) last saw the deseased alive on 2/4 19 70 and that In (my) (our) opinion death occurred	
and hour and from the causes stoted above. (i) (We) (did) (did not) view the body after death.	on the dote
23A. SIGNATURE	
Attending Med. Staff V 7/4/.	0.
Phys. CARLOS FOSSI PHYSICIANS CARLOS FOSSI PHYSICIANS CARLOS FOSSI	,
CARLOS E. FOSSI H.D. WNION MEMORIA HOSPILO	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county)	(Stoto)
Burial 2/9/70 Glenwood Cemetery Washington D.C.	
25A. DATE REC'D BY HEALTH DEPL. SON WANT OF MES BEAR	S
FEB 10 B/U GOOD C. STORY OF THE	6



11 / 7 7 7 11	1 4503	DI TETTITORE CITT	HEALTH DEPARTMENT		1010	1500
H-520 7	1582	CERTIFICA	TE OF DEATH	REG. NO.	70	1582
BIRTH NO. 1, NAME OF DECEASED						
(Type or Print)	- 11		2, OATE AF	NO HOUR OF DEA	ATH	1 0 60
6-EORGE		5.		2-5	-/0	1:50 A.M.
3. PLACE IN BALTIMORE, MAI	RYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Who	TYHAL FOR	If institution: resider	ice befare admission)
FILL NAME OF THE NOT	IN HOSPITAL OR INC	TITLE COME COME	manuel	a N M	31-05	6111
FULL NAME OF (IF NOT ADDRESS INSTITUTION	IN HOSPITAL OR INST	ITUTION, GIVE STREET	C. CITY OR TOWN	LIVA	INSIDE CITY LIMITS	0 3/0 0
INSTITUTION	11	· · · · · · · · · ·	C. CITT OK TOWNY	D. 1		
HARMOR VIE	W NURS	SINGLENCER	Goppa.		YES	ио 🛛
	- 1	, 0	E. STREET AND NUMBER	, 井 1 ~		
12/3 2/9ht	St.		P.O. Box	2/		
5. SEX 46. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Y	. , If Under 24 Hrs.
M	WIDOWE	= =	9-29-04	last birthdoy	Months	Hours Min.
HOA. USUAL OCCUPATION (Give			11. BIRTHPLACE (State or fore	G S	32 CITIZEN (DE WHAT COUNTRY?
done during most of working life, eve	an if retired)		it. alkinica CE (Slore of fore	igh country/		
NIGHT WATCHMA	IN SANI	+ GRAVEL	Maryha	101.	0.	S. F).
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		**
	0 11	1	1		-	
MHOP	B. I-LINE		HAURA	MBBOT		
S. Wos Oeceosed Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADI	GRACE, ML
(Yes, no or unknown) (If yes, give		SECURITY NO.	1 440	3		
NO NO		318-01757	MRS. SARAH L	RESSWELL	207 ALLIA	
18.200,01		CAUSE OF DEATH				ROXIMATE INTERVAL
DISEASE OR COND	DITION DIRECTLY		^			EN ONSET MITS SERVIN
LEADING TO	O DEATH	A STANDARDIATE CAUS	E Leoner brown	a)		
(This does not meon the		(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF:			
heart failure, asthenia, etc	. II meons the diseos	DUFTO, OR AS A	CONSEQUENCE OF:			
heart failure, asthenia, etc injury or complication whi	. II meons the diseos ich coused deoth.)	DUE TO, OR AS A	CONSEQUENCE OF:	0		
heart failure, asthenia, etc	. II meons the diseos ich coused deoth.)	DUE TO, OR AS A	CONSEQUENCE OF:	Serrone	EL-	
heart failure, asthenia, etc injury or complication whi	. II meens the diseos ich coused deeth.) T CAUSES	DUE TO, OR AS A	CONSEQUENCE OF:	Senrora	EC.	
heart failure, asthenia, etc injury or complication whi ANTECEDEN' DISEASES OR CONDITI	I meons the discosich coused deoth.) T CAUSES ONS, if ony, givinouse (A) stoting the	DUE TO, OR AS A (B) DUE TO, OR AS A	consequence of:	Serrora	Elm	
heort foilure, osthenio, etc injury or complication whi ANTECEDEN' DISEASES OR CONDITI	I meons the discosich coused deoth.) T CAUSES ONS, if ony, givinouse (A) stoting the	DUE TO, OR AS A (B) DUE TO, OR AS A	consequence of:	Seurone	-EC_	
heort foilure, osthenio, etc injury or complication whi ANTECEDEN' DISEASES OR CONDITI rise to the above of UNDERLYING CONDITIO	I meons the discosich coused deoth.) T CAUSES ONS, if ony, givinouse (A) stoting the	DUE TO, OR AS A	consequence of:	Seurone	EL.	
heort foilure, osthenio, etc injury or complication whi ANTECEDEN' DISEASES OR CONDITI rise to the above of UNDERLYING CONDITIO	i. It means the disease ich coused death.) T CAUSES ONS, if any, givin ouse (A) stating the Nost.	DUE TO, OR AS A (B) DUE TO, OR AS (C)	consequence of:	Seurone	EL.	
heort foilure, osthenio, etc injury or complication whi ANTECEDEN' DISEASES OR CONDITI rise to the above of UNDERLYING CONDITIO	I means the diseast ich coused death.) T CAUSES ONS, if any, givin ouse (A) stating the N lost.	DUE TO, OR AS A (B) DUE TO, OR AS (C)	consequence of:	Senron	EL	
heort foilure, osthenio, etcinijury or complication whi ANTECEDEN' DISEASES OR CONDITI rise to the obove of UNDERLYING CONDITIO OTHER SIGNIFICANT CONDITIO THE DEATH BUT NOTRE DISEASE OR CONDITION GI	I meens the diseosich coused death.) T CAUSES ONS, if ony, givinouse (A) stating the Nost. ITIONS CONTRIBUTING CEATED TO THE TERMINA VEN IN PART 1 (A).	DUE TO, OR AS A (B) DUE TO, OR AS (C)	CONSEQUENCE OF:	o) 20B, IF YES, WE	ERE FINDINGS CON	ISIDERED
heort foilure, osthenio, etcinijury or complication whi ANTECEDEN' DISEASES OR CONDITI rise to the obove of UNDERLYING CONDITIO OTHER SIGNIFICANT CONDITIO THE DEATH BUT NOTRE DISEASE OR CONDITION GI	I meens the diseosich coused death.) T CAUSES ONS, if ony, givinouse (A) stating the North Control of the termination of the termination of the termination of the termination of the termination.	(B) DUE TO, OR AS A DUE TO, OR AS DUE TO, OR DUE	consequence of:	o) 20B, IF YES, WE		ISIDERED H?
Heart foilure, asthenia, etciniury or complication whin ANTECEDEN: DISEASES OR CONDITION I SEE TO THE ABOVE CONDITION OTHER SIGNIFICANT CONDITION OF THE DEATH BUT NOT REDISEASE OR CONDITION OF THE DISEASE OR CONDITION OF TH	I means the disease ich coused death.) T CAUSES ONS, if any, giving out the couse (A) stating the N lost. ITIONS CONTRIBUTING CHATEN TO THE TERMINA VEN IN PART 1 (A).	(B) DUE TO, OR AS A DUE TO, OR	CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No.	D) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CON CAUSES OF DEAT	H?
heort foilure, osthenio, etc injury or complication whi ANTECEDEN' DISEASES OR CONDITION THE PROPERTY OF THE DEATH BUT NOT REDISEASE OR CONDITION OF THE DEATH BUT NOT REDISEASE OR CONTRIBUTION OR CONTRIBUT	I means the disease ich coused death.) T CAUSES ONS, if any, giving ouse (A) stating the North Indian Contribution of the termina venture in the termina venture in part 1 (A). 198. CONDITION FOR WAS PERFORMED DERLYING 2 ISE OF 2	(B) DUE TO, OR AS A (B) DUE TO, OR AS (C) R WHICH OPERATION The PLACE OF INJURY (e.g., in ome, form, foctory, street, off	CONSEQUENCE OF: Consequence of: 20A. AUTOPSY? (Yes or No	D) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CON	H?
heort foilure, osthenio, etcinijury or complication whith ANTECEDEN' DISEASES OR CONDITION TO THE PROPERTY OF	I means the disease ich coused death.) T CAUSES ONS, if any, giving ouse (A) stating the North Indian Contribution of the termina venture in the termina venture in part 1 (A). 198. CONDITION FOR WAS PERFORMED DERLYING 2 ISE OF 2	(B) DUE TO, OR AS A DUE TO, OR	CONSEQUENCE OF: Consequence of: 20A. AUTOPSY? (Yes or No	D) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CON CAUSES OF DEAT	H?
heort foilure, osthenio, etciniquy or complication whith ANTECEDEN' DISEASES OR CONDITION Tise to the obove of UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION OF TO THE DEATH SUT NOT REDISEASE OR CONDITION OF TO THE DEATH SUT NOT REDISEASE OR CONDITION OF TO THE DEATH SUT NOT REDISEASE OR CONDITION OF TO THE DEATH SUT NOT REDISEASE OR CONDITION OF TO THE DEATH (notify medical examples)	I means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North Control of the terminal venture and the terminal v	(B) DUE TO, OR AS A (B) DUE TO, OR AS (C) R WHICH OPERATION The PLACE OF INJURY (e.g., in ome, form, foctory, street, off	CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No or obout) 21 C. WHERE DID ce bldg., INJURY OCCUR?	D) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CON CAUSES OF DEAT	H?
heort foilure, osthenio, etcinijury or complication whith ANTECEDEN' DISEASES OR CONDITION THE PROPERTY OF THE PROPERTY OF THE DESTRUCTION OF THE DESTRUCTION OF CONTRIBUTING AND THE PROPERTY OF THE PROPERT	IT means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North County of	(B) DUE TO, OR AS A DUE TO, OR	ONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or Note of bldg., NJURY OCCUR?	D) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CON CAUSES OF DEAT	H?
heort foilure, osthenio, etcinijury or complication whi ANTECEDEN' DISEASES OR CONDITION I SEASES OR CONDITION OTHER SIGNIFICANT CONDITION OF TO THE DEATH 8UT NOT REDISEASE OR CONDITION OF THE DISEASE OR CONDITION OF THE DISEASE OR CONDITION OF THE DEATH SUT NOT REDISEASE OR CONDITION OF THE DISEASE OR CONTRIBUTING CAUDEATH (notify medical example) 21D. TIME (Month) (D.)	I means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North Contribution of the terminal venture of the terminal v	(B) DUE TO, OR AS A DUE TO, OR	ONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or Note of bldg., NJURY OCCUR?	D) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CON CAUSES OF DEAT	H?
Heart foilure, asthenia, etciniury or complication whith ANTECEDEN' DISEASES OR CONDITION TO THE SIGNIFICANT CONDITION OF TO THE DEATH BUT NOT REDUCED TO THE DEATH BUT NOT REDUCED TO THE SIGNIFICANT CONDITION OF TO THE SIGNIFICANT CONDITION OF TO THE SIGNIFICANT CONDITION OF TO THE SIGNIFICANT OF	I means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North Control of the terminal venture and the terminal venture part 1 (A). 198. CONDITION FOR WAS PERFORMED DERLYING 2. he interest of the terminal venture part 1 (A). 198. CONDITION FOR ASSET OF the terminal venture part 1 (A). OVER THE TOTAL THE TOTA	(B) DUE TO, OR AS A (B) DUE TO, OR AS (C) (C) (B) DUE TO, OR AS (C) (C) (C) (C) (C) (C) (C) (C	ONSEQUENCE OF: Consequence OF: 20A. AUTOPSY? (Yes or Note of the bidg., INJURY OCCUR?	20B. IF YES, WE IN CERTIFYING (If in Solti	ERE FINDINGS CON CAUSES OF DEAT	ct location)
heort foilure, osthenio, etcinijury or complication whin ANTECEDEN' DISEASES OR CONDITION STATE OF CONDITION OF CONTRIBUTION	I means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North Control of the Terminal North Control of the Terminal North	(B) DUE TO, OR AS A DUE TO, OR AS A	or obout 21°C. WHERE DID NJURY OCCUR?	O) 20B. IF YES, WE IN CERTIFYING (If in 80lti URY OCCUR?	ERE FINDINGS CON CAUSES OF DEAT imore City, give exo	ct location)
Heart foilure, asthenia, etciniury or complication whith ANTECEDEN' DISEASES OR CONDITION TO THE SIGNIFICANT CONDITION OF TO THE DEATH BUT NOT REDUCED TO THE DEATH BUT NOT REDUCED TO THE SIGNIFICANT CONDITION OF TO THE SIGNIFICANT CONDITION OF TO THE SIGNIFICANT CONDITION OF TO THE SIGNIFICANT OF	I means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North Control of the Terminal North Control of the Terminal North	(B) DUE TO, OR AS A DUE TO, OR AS A	ONSEQUENCE OF: Consequence OF: 20A. AUTOPSY? (Yes or Note of the bidg., INJURY OCCUR?	O) 20B. IF YES, WE IN CERTIFYING (If in 80lti URY OCCUR?	ERE FINDINGS CON CAUSES OF DEAT imore City, give exo	ct location)
Heart foilure, asthenia, etciniury or complication whin ANTECEDEN' DISEASES OR CONDITION IN THE PROPERTY OF ANTE OF ANTE OF OPERATION OF CONDITION OF THE DESCRIPTION OF CONTRIBUTING CAUDEATH (notify medical example) 21 D. TIME (Month) (D. 21 D. TIME (APPROX.) 22. I certify that (I) (thin that (I) (we) last sow the	I means the disease ich coused death.) T CAUSES ONS, if any, givin ouse (A) stating the North Control of the Terminal National	(B) DUE TO, OR AS A DUE TO, OR AS A DUE TO, OR AS TO DUE	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	O) 20B. IF YES, WE IN CERTIFYING (If in 80lti URY OCCUR?	ERE FINDINGS CON CAUSES OF DEAT imore City, give exo	ct location)
Heart foilure, asthenia, etciniury or complication whin ANTECEDEN' DISEASES OR CONDITION IN THE PROPERTY OF ANTE OF ANTE OF OPERATION OF CONDITION OF THE DESCRIPTION OF CONTRIBUTING CAU DEATH (notify medical example) 21 D. TIME (Month) (D. 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (this that (I) (we) last sow the ond hour and from the complete in the complete of the condition of the condition of the complete of the condition of t	I means the disease ich coused death.) T CAUSES ONS, if any, givin ouse (A) stating the North Control of the Terminal National	(B) DUE TO, OR AS A DUE TO, OR AS A	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	O) 20B. IF YES, WE IN CERTIFYING (If in 80lti URY OCCUR?	ere FINDINGS CON CAUSES OF DEAT timore City, give exo opinion death oc	ct location) 19 70
Heart foilure, asthenia, etciniury or complication whin ANTECEDEN' DISEASES OR CONDITION IN THE PROPERTY OF ANTE OF ANTE OF OPERATION OF CONDITION OF THE DESCRIPTION OF CONTRIBUTING CAUDEATH (notify medical example) 21 D. TIME (Month) (D. 21 D. TIME (APPROX.) 22. I certify that (I) (thin that (I) (we) last sow the	I means the disease ich coused death.) T CAUSES ONS, if any, givin ouse (A) stating the North Control of the Terminal National	(B) DUE TO, OR AS A DUE TO, OR AS TO DUE TO, O	ONSEQUENCE OF: 20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID or obout 21C. WHERE DID or obout 21F. HOW OID INJURY OCCUR? 21F. HOW OID INJ	OF THE STATE OF TH	ERE FINDINGS CON CAUSES OF DEAT imore City, give exo	ct location) 19 70
Heat foilure, asthenia, etc injury or complication whin ANTECEDEN' DISEASES OR CONDITION IN THE PROPERTY OF ANTE OF ANTE OF OPERATION OF CONDITION OF THE DESTANCE OF CONTRIBUTING CAU DEATH (notify medical examples) 21 D. TIME (Month) (D. 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (this that (I) (we) last sow the ond hour and from the complete of the complete of the condition of the condition of the complete of th	I means the disease ich coused death.) T CAUSES ONS, if any, givin ouse (A) stating the North Control of the Terminal National	(I) (We) (did) (did not) viete, or a street of the deceased from	or obout 21C. WHERE DID ce bldg., 21F. HOW OID INJ	OF THE STATE OF TH	ere FINDINGS CON CAUSES OF DEAT timore City, give exo opinion death oc	ct location) 19 70
heort foilure, osthenio, etciniury or complication whin ANTECEDEN' DISEASES OR CONDITION IN THE PROPERTY OF T	In means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North Control of the terminal vent in Part 1 (A). 198. CONDITION FOR WAS PERFORMED DERLYING 2. Set to be	(B) DUE TO, OR AS A BY DUE TO, OR AS A COMMITTEE OF INJURY (e.g., in ome, form, foctory, street, off to.) DE INJURY OCCURRED While At Not While At Work The deceosed from	or obout 21°C. WHERE DID NJURY OCCUR? 21°F. HOW OID INJ 19 20°C. and the we the body ofter deoth.	O) 20B. IF YES, WE IN CERTIFYING (If in 80lti URY OCCUR?	ere FINDINGS CON CAUSES OF DEAT timore City, give exo opinion death oc	ct location) 19 70
heart failure, asthenia, etc. injury or complication whit ANTECEDEN' DISEASES OR CONDITIT itise to the above of UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION OF TO THE DEATH BUT NOT REDISEASE OR CONDITION OF TO THE DEATH SUT NOT REDISEASE OR CONDITION OF CONTRIBUTING CAUDEATH (notify medical examples) 21A. ACCIDENT WAS UNDOOR CONTRIBUTING CAUDEATH (notify medical examples) 21D. TIME (Month) (D. OF INJURY (APPROX.) 22. I certify that (I) (thirthat (I) (we) last sow the ond hour and from the contribution of the co	In means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North Control of the terminal vent in Part 1 (A). 198. CONDITION FOR WAS PERFORMED DERLYING 2. Set to be	(B) DUE TO, OR AS A BY DUE TO, OR AS A COMMITTEE OF INJURY (e.g., in ome, form, foctory, street, off to.) DE INJURY OCCURRED While At Not While At Work The deceosed from	or obout 21°C. WHERE DID NJURY OCCUR? 21F. HOW OID INJ 19 70 and the we the body ofter death. ding Med. Director	OF THE STATE OF TH	ere FINDINGS CON CAUSES OF DEAT timore City, give exo opinion death oc	ct location) 19 70
Heart foilure, asthenia, etciniury or complication whin ANTECEDEN' DISEASES OR CONDITION IN THE CONDITION OF THE DEATH BUT NOT REDISEASE OR CONDITION OF THE DEATH BUT NOT REDISEASE OR CONDITION OF THE DEATH CONDITION OF THE DEATH (notify medical examples) 21 A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical examples) 21 D. TIME (Month) (D. 21 D. TIME (Month) (D. 23 D. TIME (MONTH) (In means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North Control of the terminal vent in Part 1 (A). 198. CONDITION FOR WAS PERFORMED DERLYING 2. Set to be	(B) DUE TO, OR AS A BY DUE TO, OR AS A COMMITTEE OF INJURY (e.g., in ome, form, foctory, street, off to.) DE INJURY OCCURRED While At Not While At Work The deceosed from	or obout 21°C. WHERE DID NJURY OCCUR? 21F. HOW OID INJ 19 70 and the we the body ofter death. ding Med. Director	OF THE STATE OF TH	ere FINDINGS CON CAUSES OF DEAT timore City, give exo opinion death oc	ct location) 19 70
Heart failure, asthenia, etciniquy or complication whin ANTECEDEN' DISEASES OR CONDITION STATE OF ANTECED S	It means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the N lost. ITIONS CONTRIBUTING LATED TO THE TERMINAL VEN IN PART 1 (A). 198. CONDITION FOR WAS PERFORMED DERLYING ON (Hour) ON (Year) (Hour) S hospital) ottended edeceosed alive on ouses stated obove. PAUL CAULTUS PAUL DATE 24C.	(B) DUE TO, OR AS A DUE TO, OR AS A DUE TO, OR AS A DUE TO, OR AS TO DUE T	ONSEQUENCE OF: 20A. AUTOPSY? (Yes or No or obout) 21C. WHERE DID or obout) 21F. HOW OID INJ 21F. HOW OID INJ 19 70 and the we the body ofter deoth. ding Med. Director Dir	OF THE STATE OF TH	ere findings con Causes of Deat imore City, give exo pinlon death oc 238. DATE SIC 2 - (Giy, town, or cou	ct location) 19 70
Heart foilure, asthenia, etciniquy or complication whin ANTECEDEN' DISEASES OR CONDITION IN THE CONDITION OF THE DEATH BUT NOT REDISEASE OR CONDITION OF THE DEATH BUT NOT REDISEASE OR CONDITION OF THE DEATH SUT NOT REDISEASE OR CONDITION OF THE DEATH (Notify Medical example) 21 A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical example) 21 D. TIME (Month) (D. 21 D. TIME (Month) (D. 21 D. TIME (Month) (D. 23 D. TIME (Month) (D. 24 D. TIME (Month) (D. 25 D. TIME (MONTH) (MON	It means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the N lost. ITIONS CONTRIBUTING LATED TO THE TERMINAL VEN IN PART 1 (A). 198. CONDITION FOR WAS PERFORMED DERLYING ON (Hour) ON (Year) (Hour) S hospital) ottended edeceosed alive on ouses stated obove. PAUL CAULTUS PAUL DATE 24C.	(B) DUE TO, OR AS A DUE TO, OR AS A DUE TO, OR AS A DUE TO, OR AS TO DUE T	ONSEQUENCE OF: 20A. AUTOPSY? (Yes or No or obout 21 C. WHERE DID or obout 21 C. WHERE DID or obout 21 F. HOW OID INJ 21F. HOW OID INJ 19 20 and the with body ofter deoth. ding Med. Director 3D. ADDRESS 410 Medical C. WATORY. 24D. L.	ON THE YES, WE IN CERTIFYING (If in Solting to the continuity) (our) Shoff Phys. Delta Bull	ere findings con Causes of Deat imore City, give exo pinlon death oc 238. DATE SIC 2 - (Giy, town, or cou	19 70 courred an the date SNED (cl. 2/20/ (cl. 2/20/ (course)
Heart foilure, asthenia, etciniury or complication whin ANTECEDEN' DISEASES OR CONDITION BY THE PROPERTY OF ANTECONDITION OF THE DESTATE OF ANTECONDITION OF THE DESTATE OF ANTECONDITION OF CONTRIBUTING CAUDEATH (notify medical examples) 21D. TIME (Month) (D. OF TOPERTY OF THE DESTATE OF ANTECONDITION OF CONTRIBUTING CAUDEATH (notify medical examples) 22L I certify that (I) (thistat (I) (we) last sow the ond hour and from the contribution of the contribution o	It means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North Control of the Terminal North Cause (A) stating the North Control of the Terminal North (A) part 1 (A). 198. CONDITION FOR WAS PERFORMED DERLYING (B) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Year) (Hour) (Year) (Year) (Hour) (Year) (Year) (Year) (Year) (Year) (Hour) (Year) (Year	(B) DUE TO, OR AS A (B) DUE TO, OR AS DUE TO, OR AS R WHICH OPERATION IB. PLACE OF INJURY (e.g., in ome, form, foctory, street, off to.) IE. INJURY OCCURRED While At Not While At Work the deceosed from (I) (We) (did) (did not) vi OEGREE NAME OI CEMETERY OF CREE RT EAST METER RT EAST METER NOT AS A STREET TO THE TO. OEGREE NAME OI CEMETERY OF CREET TO. NAME OI CEMETERY OF CREET TO. OEGREE TO. NAME OI CEMETERY OF CREET TO. NAME OI CEMETERY OF CREET TO. OEGREE TO. OEGREE TO.	ONSEQUENCE OF: 20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID ce bldg., INJURY OCCUR? 21F. HOW OID INJ 19 70 and the w the body ofter deoth. ding Med. Director Director Director Distribution	ON THE ENST	ere Findings Con CAUSES OF DEAT imore City, give exo pinlon death oc 23B. DATE SIC 2- (City, town, or could A RFORD	to location) 19 Za, coursed an the date SNED (Sold) (State) M (State)
Heart failure, asthenia, etciniquy or complication whin ANTECEDEN' DISEASES OR CONDITION STATE OF ANTECED S	It means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North Control of the Terminal North Cause (A) stating the North Control of the Terminal North (A) part 1 (A). 198. CONDITION FOR WAS PERFORMED DERLYING (B) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Year) (Hour) (Year) (Year) (Hour) (Year) (Year) (Year) (Year) (Year) (Hour) (Year) (Year	(B) DUE TO, OR AS A (B) DUE TO, OR AS DUE TO, OR AS R WHICH OPERATION IB. PLACE OF INJURY (e.g., in ome, form, foctory, street, off to.) IE. INJURY OCCURRED While At Not While At Work the deceosed from (I) (We) (did) (did not) vi OEGREE NAME OI CEMETERY OF CREE RT EAST METER RT EAST METER NOT AS A STREET TO THE TO. OEGREE NAME OI CEMETERY OF CREET TO. NAME OI CEMETERY OF CREET TO. OEGREE TO. NAME OI CEMETERY OF CREET TO. NAME OI CEMETERY OF CREET TO. OEGREE TO. OEGREE TO.	ONSEQUENCE OF: 20A. AUTOPSY? (Yes or No or obout 21 C. WHERE DID or obout 21 C. WHERE DID or obout 21 F. HOW OID INJ 21F. HOW OID INJ 19 20 and the with body ofter deoth. ding Med. Director 3D. ADDRESS 410 Medical C. WATORY. 24D. L.	OF STAFF ENSING	ere FINDINGS CON CAUSES OF DEAT imore City, give exo pinlon death oc 23B. DATE SIC (City, lown, or could be a county) (City, lown, or could be a county)	to location) 19 Za, coursed an the date SNED (Sold) (State) M (State)
Heart foilure, asthenia, etciniury or complication whin ANTECEDEN' DISEASES OR CONDITION BY THE PROPERTY OF ANTECONDITION OF THE DESTATE OF ANTECONDITION OF THE DESTATE OF ANTECONDITION OF CONTRIBUTING CAUDEATH (notify medical examples) 21D. TIME (Month) (D. OF TOPERTY OF THE DESTATE OF ANTECONDITION OF CONTRIBUTING CAUDEATH (notify medical examples) 22L I certify that (I) (thistat (I) (we) last sow the ond hour and from the contribution of the contribution o	It means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North Control of the Terminal North Cause (A) stating the North Control of the Terminal North (A) part 1 (A). 198. CONDITION FOR WAS PERFORMED DERLYING (B) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Year) (Hour) (Year) (Year) (Hour) (Year) (Year) (Year) (Year) (Year) (Hour) (Year) (Year	(B) DUE TO, OR AS A DUE TO, OR AS A DUE TO, OR AS A DUE TO, OR AS TO DUE T	ONSEQUENCE OF: 20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID ce bldg., INJURY OCCUR? 21F. HOW OID INJ 19 70 and the w the body ofter deoth. ding Med. Director Director Director Distribution	OF STAFF ENSING	ere Findings Con CAUSES OF DEAT imore City, give exo pinlon death oc 23B. DATE SIC 2- (City, town, or could A RFORD	19 70 courred an the date SNED (cl. 2/20/ (cl. 2/20/ (course)
Heart foilure, asthenia, etciniury or complication whin ANTECEDEN' DISEASES OR CONDITION BY THE PROPERTY OF ANTECONDITION OF THE DESTATE OF ANTECONDITION OF THE DESTATE OF ANTECONDITION OF CONTRIBUTING CAUDEATH (notify medical examples) 21D. TIME (Month) (D. OF TOPERTY OF THE DESTATE OF ANTECONDITION OF CONTRIBUTING CAUDEATH (notify medical examples) 22L I certify that (I) (thistat (I) (we) last sow the ond hour and from the contribution of the contribution o	It means the disease ich coused death.) T CAUSES ONS, if ony, givin ouse (A) stating the North Control of the Terminal North Cause (A) stating the North Control of the Terminal North (A) part 1 (A). 198. CONDITION FOR WAS PERFORMED DERLYING (B) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Year) (Hour) (Year) (Year) (Hour) (Year) (Year) (Year) (Year) (Year) (Hour) (Year) (Year	(B) DUE TO, OR AS A (B) DUE TO, OR AS DUE TO, OR AS R WHICH OPERATION IB. PLACE OF INJURY (e.g., in ome, form, foctory, street, off to.) IE. INJURY OCCURRED While At Not While At Work the deceosed from (I) (We) (did) (did not) vi OEGREE NAME OI CEMETERY OF CREE RT EAST METER RT EAST METER NOT AS A STREET TO THE TO. OEGREE NAME OI CEMETERY OF CREET TO. NAME OI CEMETERY OF CREET TO. OEGREE TO. NAME OI CEMETERY OF CREET TO. NAME OI CEMETERY OF CREET TO. OEGREE TO. OEGREE TO.	ONSEQUENCE OF: 20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID ce bldg., INJURY OCCUR? 21F. HOW OID INJ 19 70 and the w the body ofter deoth. ding Med. Director Director Director Distribution	OF STAFF ENSING	ere FINDINGS CON CAUSES OF DEAT imore City, give exo pinlon death oc 23B. DATE SIC (City, lown, or could be a county) (City, lown, or could be a county)	to location) 19 Za, coursed an the date SNED (Sold) (State) M (State)



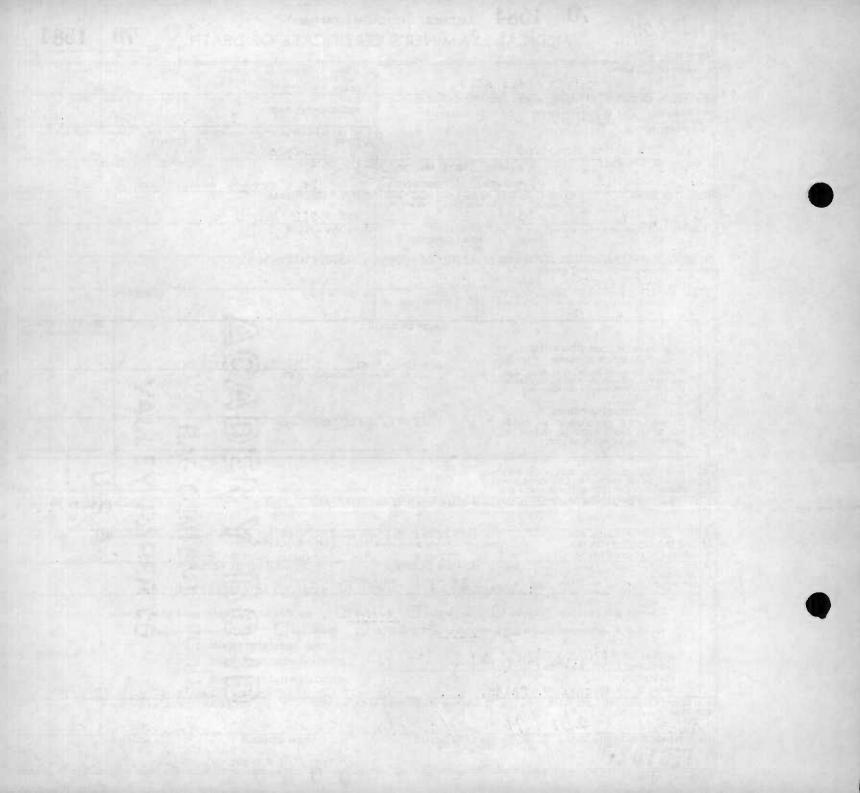
DIRECTOR:

VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	1710 4504
BIRTH NO. I. NAME OF DECEASED 11/	Do care
Melvin Marshall	2. DATE Known \(\subseteq Month Day Yeor Hour OF Estimoted \(\subseteq Month Month Day Yeor Hour Month Mon
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) DR INSTITUTION	PRONOUNCED DEAD 2 7 70 6:53 pm.
40 St. Agnes Hospital	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland B. H. J.
S. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced P	Baltimore VES □ NO □
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
6/16/14 last birthday) Manths, Days, Haurs, Min.	2229 Smith Ave. 2/227
1. BIRTHPLACE (Stote ar fareign country) 12. CITIZEN OF	13. FATHER'S NAME
MAT COUNTRY?	unknown
4A.USUAL OCCUPATION (Give kind af work) 4B. KIND OF BUSINESS OR INDUSTR' and during mast of warking life, eyen If retired)	15. MOTHER'S MAIDEN NAME
machinist Westinghouse	-Unknown
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na ar unknown)((If yes, give wor or dates af service) SECURITY NO.	18. INFORMANT ADDRESS above
Mes W.W.II	nov. E harles Marshall
CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	at well diver his being
LEADING TO DEATH (A)IMMEDIATE C	AUSE Multiple injuries
	AS A CONSEQUENCE OF:
injury ar complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (c)	
O II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21, AUTOPSY? (Yes ar No)
	21. 20101311 (
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C, WHERE DID (II in Boltimore City, give exoci location)
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED	Hammonds Ferry Rd. near 2nd Ave.
OF INJURY	WHILE
23. 2 / /0 6:41 pm. WORK AT W	ork by pedestrian struck by car
I certify that I held on Inquiry I inspection Au	topsy 🗓 and that on this basis, death in my opinion
resulted from: Notural causes Accident X Suicide	
	CHIEF MEDICAL EXAMINER
SIGNATURE MUMES TO M.D.	ASSISTANT MEDICAL EXAMINED TO DATE SIGNED
SIGNATURE M.D	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Werner U. Spitz, M.D. De	eputy Chief Medical Examiner 2/8/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 2/11/70 2600 H	wen tem. Son Rurnio Mil.
25A. DATE REC'D BY HEALTH DENT. 25B. NAME OF PEDISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB10 BIN OCCUPATION	John Howardon In Stalling It.
S 151-REV. 1/1/68	10 8 8 1 According



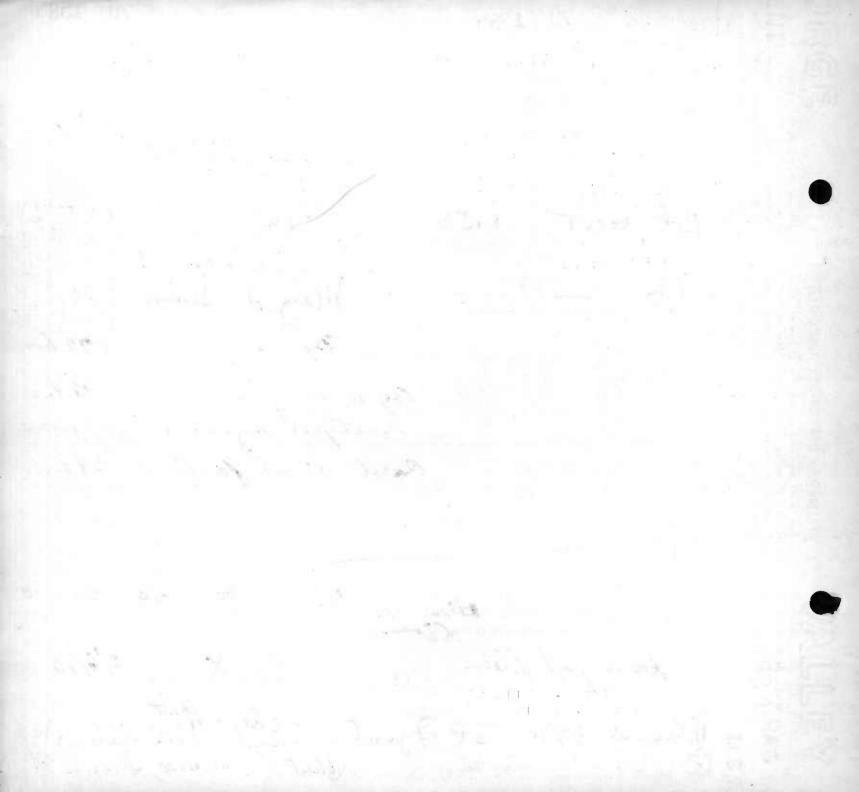
IMPORTANT

DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

(Stote





5	F-260 70 15	IX /	HEALTH DEPARTMENT	V NG NO 7	0 1587
BI	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
1.1	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
L	Pe or Printi WILLIAM J. F	ISHER		06-70	1 3,15 PM
3.	PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhen	e deceased lived. If institutio	n: residence before admission)
FL	JLL NAME OF IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARY LAND	U.S.A.	62-32
	HE UNION MEMORIA	AL HOSDITAL	REI AID	D. INSIDE CIT	
ľ	1,2 0	11.00/1.01-	E. STREET AND NUMBER		
=	11.4		206 HIGH	LAND ROA	D.
). }	$AA/E = \{A/H/T/F\}$	MARRIED NEVER MARRIED	8. DATE OF BIRTH 03-24-86	G. AGE (In years II U Mont	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 108	NIDOWED DIVORCED DIVORCED DIVORCED	11. BIRTHPLACE (State or forei	83	TITIZEN OF WHAT COUNTRY?
dor	ne during most of working life, even if relired)	rightening Rods	MARYLAND		U.S.A
13.	FATHER'S NAME	7	14. MOTHER'S MAIDEN NAM		
		SHER	RACHEL	BENNING	TON.
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (II yes, give war or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		SAME AS
u	NKNOWN	185-28-4541	MRS ORA	L, FISHER	ABOVE
	18. 427.01	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECT		DECREDATOR	000-	BET WEEK ONSET AND DEATH
	(This does not mean the made of dvi		ISE RESPIRATOR	Y ARREST	
	heart faiture, astherio, etc. it means the injury or complication which coused dec	GISEGSE.	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	CONGE	STIVE HEAR	T FAILUPE	
	DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	1 MILWAG	***************************************
	rise to the obove couse (A) sto UNDERLYING CONDITION last.	(C)			
	II.	(9/	***************************************		
OI	OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TE	BUTING			
CAT	DISEASE OR CONDITION GIVEN IN PART 1	A).			
CERTIFICATION	WAS PERFORA	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	10 CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., in home, farm, factory, street, of	or about 21 C. WHERE DID	(It in Bottlmore City,	give exact location)
ICAL	DEATH (natify medical examined	elc.J			
MEDI	OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROXI	White At At Work			
	22. I certify that (1) (this hospital) at		2-04 1	70 to 02 - 0	6 1920
	that (I) (we) last sow the deceased of		19and tha		oth occurred on the date
	and hour and from the causes stated o	bove. (1) (We) (did) (did not) vi	lew the body ofter death.		
	23A. SIGNATURE	M,D AHer	dia - Had		ATE SIGNED
		DEGREE Phys.		hoff thys.	2-06-70
	23C. PHYSICIAN'S NAME (Type)	CALL MD	3D. ADDRESS	ALUEDE ST .	
24A	BURIAL CREMATION, 248, DATE	24C. NAME OF CEMETERY OF CRE	33RD AND C		PALTO, MD,
=	REMOVAL (Specify)	S1 + 0.	MATORY 24D. LO		or county) (State)
25A	DATE RECOLD HEALTH DEPT. 25E	Slate Ruge NAME OF REGISTRAR	Cemetery De	Ita York	e Co. ta.
	DIAMEN DORES	A NA O	25C. FUNERAL DIRECTOR	14.	ADDRESS
H	TOTAL VICE IN	The I	こしてあること	Harkins	Delta, for

The second of th

Tech dividition 2000

P. S. M. CALLES STAND STAND

HC "AS FISHER SACHEL BEANING!

12 SAN DA 1 NAO 1914

war and the second seco

12-52 02-14 21 The CE

27 -2 200 Anno 200 F

TALLINGS TO 1951 W.D. SORD ALD CALLED ST. BALL

H-156 70 1588 BALTIMORE CITY HEALTH DEPARTMENT

70 1588

MEDICAL	EV A MAINTEDIC	CEDTIFICATE	OF DEATH
MEDICAL	EVAMIIIAEK 2	CERTIFICATE	OF DEATH.

			WEL	ICA	L EX	AMINER'S	LEK I IF	CATE	OF	DEAT	H REG NO	1	200	50
	RTH NC.										NEO. 140	·		
I. NAME OF DECEASED Frederick (Type or Print)						2. DATE OF	Knawn		Manth	Day	Year	Hour		
John F. Hoffmeyer Jr. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						DEATH	Estimat	ed 📙					М.	
FU	LENAME OF	I IF NO	IN HOSPIT	TION)	MONO	NI GIVE STREET		UNCED DE		Manth 2	6	70	8:05	7.15
	- 100	Church	Home a	ınd H	ospi	3-13-70 tal	A. STATE	RESIDENCE Maryla		deceased li	B. COUNTY	an: residence l	y 02	sion)
6.	SEX	7. RACE		B. MAR	RIED 🖸	ENEVER MARRIED	C. CITY O	RTOWN			D. INSIDE	CITY LIMITS?	1000	
	male	white			WED 🗌	_		Baltim	ore			YES 🗌	по 🗆	
	DATE OF BIRTH $1/14/13$		10. AGE (I last birthdo	years y) 56	If Und Months	er i Yr. It Under 24 Hrs. s. Doys Hours Min.	E. STREET	AND NUM		lton A				
	BIRTHPLACE (S	tate or foreig			12. CII	IZEN OF	13. FATHE		• MI	Iton A	ive.			
						HAT COUNTRY?			Unf	£marr				
144		land	kind al work	148. KINI	D OF BI	ISINESS OR INDUSTRY	ATS. MOTH	John P'S MAIDE	LIOT	Tilleye	3.1			
dan	e auring mast of w	orking lite, evi	on if retired)				i i i i i i i i i i i i i i i i i i i				1400			
16	Sun Par	DETS	IS APARET	_		7. SOCIAL	IB. INFOR	Eliza	mer	n buc		ADDRESS		
(Ye	yes	(If yes, give w	ar ar dates	of service)	SECURITY NO.	-					ADDRESS		
_	19.	WW Z			218	3-10-6344		ephine	Sc	haaf	Hoffm	eyer,		
	E 98	XXI				CAUSE OF DEA	IH						PROXIMATE IN	
		OR CONDI		CTLY										
		EADING TO				(A) IMMEDIATE C	AUSE Cra	niocer	ebra	l inju	ry			
	heart lailure,	osthenta, etc.	It means the	disease.		DUE TO, OR	AS A CONSE	QUENCE OF:						
	injury or cam	plication which	h caused de	th.)										
		TECEDENT ((B)								
	DISEASES O	R CONDITIO	NS, IF ANY	GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF	F:					
7	UNDERLYIN	G CONDITI	ON LAST.	ING INE		(c)								
Ö			li			(0)								
CERTIFICATION	OTHER SIGNI TO THE DEA DISEASE OR	FICANT CON	DITIONS CO	THE TERM	INAL									
RTI						HICH OPERATION WA	S PERFOR	AED				21 AUTO	PSY? (Yes or	r Na)
\ddot{c}	2.												317 (1.5.5.	,
AL	22A. EXTERN	IAL CAUSE Y	NAS		22B. PL	ACE OF INJURY(e.g.	In or obaut	22C WHERE	DID /	(le Raltima	o Cibr sha o	yes		
MEDICAL	UNDERLYING	MOR CONT	RIB-		home, f	ACE OF INJURY (e.g., arm, foctory, street, affice	bldg., etc.)	NJURY OC						
ME	UTING L CAL	Month) (D) (Hou	r) 22F	alley		rear of	9(00 B1k	Milto	on Ave.	1	
	OF INJURY (APPROX.)	2 2	70	?	1	LEAT NOT	WHILE ORK		bly		trikin	g head		
	23.	to don't be			٦.									
		fy that I he		nquiry			opsy X				death in my			
	resulte	ed from: No	tural cau	505	Aco	ident Sulcid	· L =H	omicide X	U	ndetermir	ed manner	X		
	ACTUAL	11111	111	10	7,	~		CHIEF MED	ICAL EX	AMINER			DATE CICAL	ED
	SIGNATU	RE /	MY	VV		M.D.	ASS	STANT MED	ICAL EX	AMINER			DATE SIGN	EU
	EXAMINE				X			CIATE MED	ICAL EX	AMINER				
<u> </u>	NAME (Ty		ner U	. Spi			Deputy	Chief	Medi	cal E	xaminer	2	2/7/70	
RE	A. BURIAL CREM MOVAL (Specify	()	8. DATE			NAME of CEMETERY	ar CREMATO	ORY	24D. L	OCATION	(City, tow	vn, ar county)	(State	2)
	Buria		2/10/			oudon Park				Bali	imore	, Md.		
25	A. DATE REC'D E	BY HEALTH D	EPT.	258. N	AME O	F REGISTRAR	25C,	FUNERAL D	IRECTO	R		ADDRESS Ir		
F	EB 1 0 19	70 R	Bert E.	Ja.B.	en Ag	D.	50							
VS	151-REV. 1/1/68	10.2				*************************************	1	XXXX	20	UL E.	Madi	son S1		

Letter from ME a offer 3-13-70 ASADEMY ABOID PER PROPERTY OF MALLEY A PER LASE

7.0 0±0	١
Sut	
h.	I
Spi O ()	
dar dar	
5.00	1
ng ng car	1
d p d d	
rib Jole ed	l
oontoon ontoon regree	ı
der der	Ì,
de Con	l
÷ 0€ ≯ 4 g	H
4 dig	I
isto he cin dea dea ce ce nal	I
d d d	
o, io	
Als Als	
מוֹים	I
e approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased tal (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the becoased brior to death. Such be obtained before the remains are embalmed or final disposition is made.	H
Though the	I
3) / %	
s; (signal	
dic dic dic dic www.	I
m m m m m m m m m m m m m m m m m m m	
a ody	١
by B	l
1 (2)	l
A King	l
hos hos in (6)	١
y m y m xce md	ı
d tu e	
d tof	
st b	
Po cid	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
Ma An Pri	
TAEO B B	1
MS: WS:	
he ho ho ho ras	1
F = 0 50 5	1

FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 70 1589
1. NAME OF DECEASED THOMAS (Typo or Print) JOHN T- WARD	2. DATE AND HOUR OF DEATH 26 70 11 pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence below admission) A STATE B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION GIVE STREET ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO NO
38rd Sheet Balto red	E. STREET AND NUMBER 3415 Kelyon Avenue
make cancasian widowed Divorced	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 His. Months Doys Hours Min.
done during most of working life, even if retired Pa. Review Cross Watchman	11. BIRTHPLACE (Stote or foreign country) Baltimore, Md.
13. FATHER'S NAME In Flank WARD	UN KNOWN
	Me Bessie (nee Krufel) awife above
injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. (c)	CONSEQUENCE OF: HOUSE AND HEMOPERICANCIUM A CONSEQUENCE OF: J. S. C. V.D
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 11 121B PLACE OF INVENT OR 10	(ES.)
OR CONTRIBUTION OF CAUSE OF THE ORI LONG IN	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of obout 21A WHERE DID (II in Boltimore City, give exoci location)
DEATH Inotify medical examined elast selection of the sel	21F. HOW DID INJURY OCCUR?
Mhlle At Not While At Work	
22. I certify that (1) (shie hespitel) attended the deceased from that (1) (we) last saw the deceased alive an 2/6 and hour and from the causes stated above. (1) (*****(****************************	19 70 and that in (my) (vor) opinion death occurred an the date
23A SIGNATURE DEVOL CO. Phys. Attender Phys.	23B, DATE SIGNED
23C.PHYSICIAN'S NAME (Type) P. AN KAMMEN MD DEGREE	Inion Hemorial Hospital 30rd Steet
Burial 2/10/70 Baltimore Ceme	totale,
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Schimunek Funeral Home, Inc.

Parte Myocandia I Im Chapture And Hemispers

2SA. DATE REC'D BY HEALTH DEPT

VS 151-REV. 1/1/68

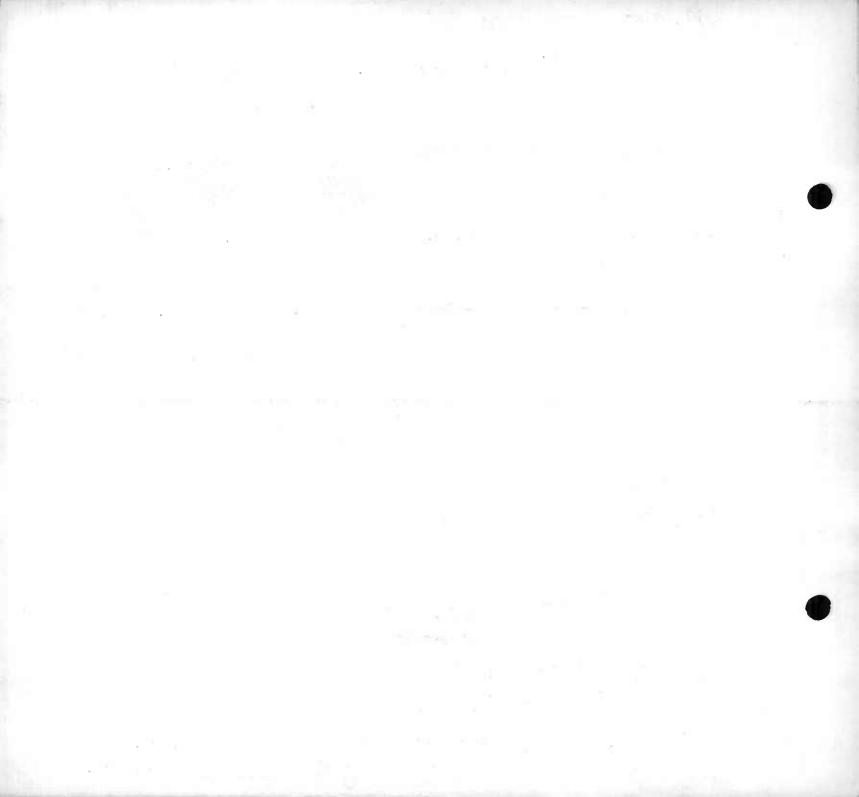
258, NAME OF REGISTRAR

Baltimore, Md.

2SC FUNERAL DIRECTOR LINE HOMESS Inc. Brehms Lane

The first of the state of the s

M-21	y	0 45	BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.		0 15	91 CERTIFICA	TE OF DEATH	REG. NO	70_	1591
1. NAME OF DEC	AMES	J. m	AKIBBINS	2. DATE	AND HOUR OF DEAT	Н	1.500
3. PLACE IN BAL	TIMORE MARYLAN	D, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived, 11	institution: resi	dence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HE ADDRESS OR	OSPITAL OR I	NSTITUTION, GIVE STREET	Md., 21	206	SIDE CITY LIM	2642
17		4 1		Baltimo		YES X	по П
1 MEX	DAV	Un	SPITAL	E. STREET AND NUMBER	8	123 [23	110 🗀
11/10/	(110.	TITLE	4229 St.	anwood Ave		
5. SEX	6. RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years		Yr If Under 24 Hrs.
male	white	1	WED DIVORCED	7/1/1924	lost birthday)	Months D	Yt. If Under 24 Hrs.
			D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	45	120 01777	
done during mast of t	warking lile, even if reti	ired)		110 DIRECT (31010 OF	idleigh country)	12. CHIZE	OF WHAT COUNTRY
Ya rd F		B 8	& OR. R.	Baltimore	. Md.	ì	
13. FATHER'S NAM				14. MOTHER'S MAIDEN	NAME		
	Paul Mak			Anna	Henely		
15. Was Deceased (Yes, no or unknown)	Ever in U. S. Arme	d Forces? r dates of sen	icel 1 6. SOCIAL	17. INFORMANT		A	DDRESS
yes	WW 2- N	lavy	217-12-9730	James J. Ma	akibbin, J	s. sor	above
18.	2 / 1		CAUSE OF DEAT	1			APPROXIMATE INTERVAL
	E OR CONDITION				1.	PE:	WEEN ONSET AND DEATH
	LEADING TO DEA		(A) IMMEDIATE CAU	SE AA	deac ar	4011.	2 hr.
hearl failure.	of mean the mode	sone the dies	e.c.	A CONSEQUENCE OF:		abelia aghad -ul-	
injury or com	plicotion which can	used deoth.)		. 1	/		
	INTECEDENT CAL	JSES	(sh	intion pa	Ati : 01	2/0/1	- 6/hi
DISEASES O	R CONDITIONS,	if any, of	ving (B) DUE TO, OR AS	A CONSEQUENCE OF	AUGIC CO	741611	2 1 19
rise to the	obove cause CONDITION last	(A) sloling	the (c) 9 esa	sees coll	Ca O lu	m.C.	
	- 11						************
OTHER SIGNIFICATION THE DEATH	CANT CONDITIONS	CONTRIBUTI	NG V			0	
DISEASE OR CO	ONDITION GIVEN IN	PART (A).	***************************************				
IVA-PATE OF	OPERATION 198	CONDITION /	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CO	NSIDERED
19A-DATE OF	101	741	ell a lung			AUSES OF DEA	AID!
OR CONTRIBU	TING CAUSE OF medical examines	16 🖪	21B PLACE OF INJURY (e.g., brance, form, factory, street, breet.)	or obout 210, WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	re City, give e	xact locotion)
OF INJURY	(Manth) (Doy) (Y	eor) (Hauri	21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
(APPROXI			While At Not While Wark			1	
22 1	ahaa /1\ /el + - 1	44-11		7-4	7.0	2/11	
			ed the deceased from	7	_19 <u>70</u> to	4	19_/
	last saw the dece		1 -11 - 11	19 70 and	that In (my) (que) ap	Inlan death d	occurred an the date
and haur and	from the causes	stated aboy	4 (1)-(Ma)-(ara)-(diff-net)-v	ew the bady after deat	Ta .		
23A. SIGNATUI	RE	0				23B, DATE S	IGNED
X Can	V - Me	el.	/ II/) I'I I Dhan	nding Med. Director	Staff Phys.		
230 PHYSICIAN	1		DEGREE Phys	3D. ADDRESS	Phys. LLJ		
NAME OY	pel T	MEDIL		0004633			
NUC	- til	WCH	DEGREE				
REMOVAL (S	MATION, 248. DATE	24	C. NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or co	ounty) (Stote)
Burla	1 2/9,	/70	Gardens of Fa:	ith	Baltimore,	Md.	
25A. DATE REC'D	BY HEALTH DEPT		ME OF TGISTRAR				ADDRESS
EFR 1 0 19	100000	Sy Nouse	77000	Schimunek	Funeral H	ome, I	nc.
/S 150-REV. 1/1/6	8	1	2 4 4	TI O SESTIBL	chms Lane		



VS 150-REV. 1/1/68

SINAL HOSPITAL STES "MILLER PLE 7/10/95 55 -75. Edward Silet Chrome Ollins Tilealle Colotto Millette Water Borden M.D. × 158 5 VICTUR BURDER MID SINIA HESPITAL

VS 150-REV. 1/1/68



1	522 70		HEALTH DEPARTMENT	g. No. 70 1594
Se sub the sta	BIKIH NO.	1594 CERTIFICA	TE OF DEATH "	G. NO. 10 1054
Sur	1. NAME OF DECEASED		2. DATE, AND HOUR	OF DEATH
O O C .	William	WILBUR LANCASTER	2/5/70	13
	3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where docoosed	lived. Il institution: residence belore admission)
N A O O	FULL NAME OF UF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET ON)	MD.	411,
a ho cause se; (5	FULL NAME OF HOSPITAL OR ADDRESS OR LOCATIONSTITUTION	ON)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
MALE OF THE	22		BALTIMORE	YES XX NO
ed in ting d cau	THE JOHNS HOPKINS	S HOSPITAL	E. STREET AND NUMBER	
ar a d			530 N. GLOVER ST	. •
	5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In lost birthdo	years II Under 1 Yr. II Under 24 Hrs. y) Months Doys Hours Min.
0 = 1 0 0		WIDOWED DIVORCED	May 11, 05 64	
00-0.	IOA, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even it retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Flecturiou 1	Smelting Plant	Vivainia	1201
\$ 1 2 8 °	13. FATHER'S NAME	THE HING TIENT	14. MOTHER'S MAIDEN NAME	
NT nt if death direct or c ; (4) Under th was in the dec	Chirles heart	ancacte.	Dlad	
Z tip pt 5	15. Was Doceased Ever In U. S./Armed Forces	1 6. SOCIAL	17/INFORMANT	ADDRESS
RTAR ssistar the the kind deat	(Yos, no or unknown) (III yes, give wer or dotes	of service SECURITY NO.	0 151	ADDRESS
ORT assist f th f th d d	11/0	216/0548/	19513 16 PSNE	sitin Some
o s loop	1621	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or his Also, e of a	DISEASE OR CONDITION DIRECT		YGROIDATTO. MEL	0.2
- od e ce	(This does not meen the mode of do	ring, e.g., (A)IMMEDIATE CAU	A CONSEQUENCE OF:	(L)
OR: ner. actu pro	heart failure, osthenia, etc. It means the	e disease,	A CONSEQUENCE OF:	
CTOR: caminer. A fractu	ANTECEDENT CAUSES	11100	DOGAD CAD CUE SOM A DE	Clare
examiner examiner 3) A fraction who propro	DISEASES OR CONDITIONS, il ony	(B) WIVI	A CONSEQUENCE OF:	W/VG.
3 3 X 6 6 7 1 1 3 1 3 X X 1 1 1 1 1 1 1 1 1 1 1 1 1	rise to the obove cause (Al st	oling the	A CONTRACTOR OF	
= 0_0	UNDERLYING CONDITION last.	(c)	***************************************	
- 0 2	Z OTHER SIGNIFICANT CONTRIBUTE CONT	DIDLITU. A		
f med y buy phy ian y	O OTHER SIGNIFICANT CONDITIONS CONTI	TERMINAL		
UNERAL chief mec y a medi y Body bu the phys	U 104 DATE OF OPERATION THE CONDIT	TON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF Y	FS. WERE FINDINGS CONSIDERED
S the S s s s s s s s s s s s s s s s s s s	WAS PERFOR	MED	10 IN CERTI	ES, WERE FINDINGS CONSIDERED FYING/CAUSES OF DEATH?
FU by	OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID (If	In Boltimore City, give exact location)
	DEATH (notify medical examinar)	hame, farm, foctory, street, off etc.)	ice bidg., INJURY OCCUR?	
ya sa ya Na	Q 21D TIME (Month) (Day) (Year)	Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCU	D?
hospita nature; cept whe	S OF INJURY (APPROX.)	While At Not While		n.
> = 5 5		WORK - At WORK		
6 - 8 - 1	22. I certify that (i) (this hospital) a	ttended the deceased from	1/29 19 10 1	
of of 0	that (1) we) last saw the deceased of	ilve on 25	19ond that In (my)	Xour) opinion death occurred on the date
ist be a assed to dent of ospital death)	and hour and from the causes stated	above. (1) [We) (did) (All not) vi	lew the body after death.	
ust be a eased to ident of nospital	23A/SIGNATURE			238, DATE SIGNED
	O balle	Mr DEGREE After	Med. Stoff Phys.	2/5/20
S re	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	
was r An a	MICHAEL	J. MELLER MO	JOHNIC HODYAN	as Hosp
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME OF CEMETERY OF CREE	MATORY 24D LOCATION	(City, town, or county) (Stote)
This certif the body shows: (1) was D.O.(1)	BUNE/ 2-9-7	0 1/1/100 bind 11	10.12 H R. 11	Mel 21234
is ow		BINAME OF REGISTRAR	25CL-SUNERAL DIRECTOR	/Apdress//
This the k show was	FEB 10 1970 (Color E)	BANAME OF REGISTRAR	BURLD AUDON	1/4m. 13/1/4/
	VS 150-REV, 1/1/68		TOURSE TOURS	1 1-0101 11/1 18 11/



I-ULA	101C) A		BALTIMORE CITY	HEALTH DEPARTMENT		la co	
BIRTH NO.	70 1	595	CERTIFICA	TE OF DEATH	REG. NO	_70_	1595
Type or Print) FOWLER	, Charles	G		2. DATE AN	uary 6, 197	0 .	
3. PLACE IN BALTIMORE,	MARYLAND, WHER	E PRONOUN	CED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i		sidence helgra admissis
FULL NAME OF (IF NHOSPITAL OR ADE	OT IN HOSPITAL	OR INSTITUTI	ON. GIVE STREET	Maryland C. City or town			1102
	ns Adminis	stratio	n Hospital	Baltimore	D. IN:	YES X	NO 🗆
23 3990 I	och Raven	Boulev	ard	E. STREET AND NUMBER		163 [8]	140 🗆
Baltin	ore, Mary			820 Washingto	n Boulevard		
Male Whit	w w	DOWED	NEVER MARRIED DIVORCED	5/30/10	9. AGE (In years last bighday)	II Under Manths	Yr. If Under 24 Hr. Days Haurs Min.
OA. USUAL OCCUPATION (lone during mast all warking life,	Give kind al wark 10 B.	KIND OF BL	SINESS OR INDUSTRY	11, BIRTHPLACE (Side or fare	ign cauntry)	12. CITIZ	EN OF WHAT COUNTR
Railroad man		Rail	road	Clifton Forge,	Va.	USA	·
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA			
Ralph Fowler				Constance			
as,na or unknawn) (If yes, gi	S. Armad Farces?	. 16	SOCIAL	17. INFORMANT			ADDRESS
Yes 12/8/	42 - 11/2	/), 3 7	SECURITY NO. 05-10-6449	VA Hospital Rec			
18. / 3 / 0/	46 - 11/6/	4) 1	CAUSE OF DEATH	3900 Loch Raven	Boulevard,	Balto	
4636.9	NOITION DIRECT	1 V	CAUSE OF DEATE			8	APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT
LEADING	TO DEATH			Fulmonary Ede	me		1 Wools
(This does not mean haart foilure, osthenio,	the mode of dying	g, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	51116 7		1 Week
injury or complication	which caused deal	h.)					
ANTECEDI	NT CAUSES		(n) CVA			- h	1 Week
DISEASES OR COND	ITIONS, if any,	giving		A CONSEQUENCE OF:	***************************************		I week
rise to the obove UNDERLYING CONDIT	couse (A) stati	ing the					
	1011 1031.		(c)	***************************************			
OTHER SIGNIFICANT CONTO THE DEATH BUT NOT DISEASE OR CONDITION	RELATED TO THE TEL	PARRIAG	*************				
19A. DATE OF OPERATIO	N 19B CONDITIO	N FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes at Na	208. IF YES. WERE	FINDINGS (CONSIDERED
1-19-70	remoral femoral	Hernic	raphy	Yes	208, IF YES, WERE IN CERTIFYING CA	USES OF D	EATH?
OR CONTRIBUTING C.	NDERLYING AUSE OF	21B. PLA	CE OF INJURY (e.g., in	gr about 21 C. WHERE DID	(If In Baltimar	e City, give	axact facation)
	(Day) (Year) (Ha	un 21E INJ	URY OCCURRED	21F. HOW DID INJU	IRV OCCIIR?		
OF INJURY (APPROX.)		While A			or. Occor.		
22 1	10-10-0-0	Wark	At Wark	<u> </u>			
22. I certify that (1) (that (we) last saw	nis haspital) atte the deceased alt	ve an	eceased from 16 ebruary 6th	70	9 70 ta Febr it in (aur) apti		accurred on the date
and hour and from the	couses stated a	bay6. 👾 (W	e) (dtd) (2020/252) vi	ew the body after death.			
23A. SIGNATURE	and M					23B. DATE	SIGNED
23C. PHYSICIAN'S		3	DEGREE Phys.	Med. Director D. ADDRESS	Phys. 1	2-7-	70
NAME (Type)	A Pomore			3900 Loch	Raven Boul	evard	
HAMID MEHDIZ	ADEH 48. DATE	1246 1144	MD DEGREE	Baltimore	Maryland	_	
REMOVAL (Specify)	1 1.		OI CEMETERY OF CREA	TATORY 24D. LO	CATION (Cit	y, tawn, ar	caunly) (State)
Burial	2/9/170	Loudo	n Park Ceme		Limore, Man	uland	
A. DATE REC'D BY HEALT	Sel E Ja	ME OF	GISTRAR	25C. FUNERAL DIRECTOR		0	ADDRESS
EDIO 19/0	ما المام	200	N O D C	John B. Morde	Jnc. 3000	E R	7/+ima== C1



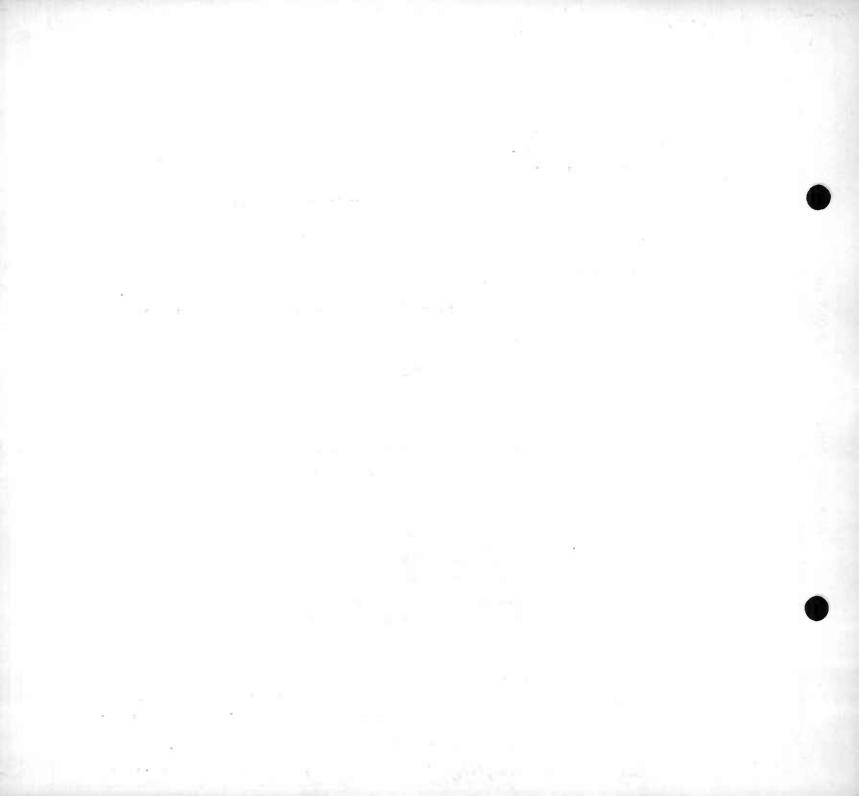
S.		M-240 70 1596 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70 1596
	and eath ased the Such	BIRTH NO. CERTIFICATE OF DEATH REG. NO. TO LOSO
7 6		1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH JOHN MACKALL EED 5 70 1 30 50 70
AF	- 0 D a =	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived to 10:50)
3379	a hosp ause e; (5) in andance o dea	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND CALVERT INSTITUTION ADDRESS OR LOCATION) A. STATE B. COUNTY MARYLAND CALVERT C. CITY OR TOWN D. INSIDE CITY LIMITS?
A LA	ting c d caus r atter	THE JOHNS HOPKINS HOSPITAL HUNTINGTOWN E. STREET AND NUMBER
	ibut ned nad d p	5. SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24 F
	occurre ontribut ermined regular eased p	MALE NEGRO WIDOWED DIVORCED JUNE & 13 10 50 Months; Doys Hours Min
		10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY
	nt if death direct or c ; (4) Undet th was in in the dec	Labor Maryland USA.
	if de (4) Un was the sposii	THE MODEL NAME
Z	stant ind; (eath e on	LIZZE GROSE
A	the the kind deat	15. Was Deceased Ever in U. S. Armed Forces? (Yes, 30 or unknown) (If yes, give wor at dates of service) 16. SOCIAL SECURITY NO.
20	if the same of finds	216-16-9833 Josethel Mackall Huntingtown Md CAUSE OF DEATH
IMPORTANI	den d	DISEASE OR CONDITION DIRECTLY
~ ~	Als Als nou	(This does not meen the made of dying, e.g., (A) IMMEDIATE CAUSE CANDED TO STORY OF THE MEETING OF AS A CONSEQUENCE OF
8	0 0 1 5 0 0	heori failure, osthenia, etc. Il means the disease, injury ar camplication which caused deoth.) DUE 10, OR AS A CONSEQUENCE OF:
2	E.S.T. o Die	ANTECEDENT CAUSES MATERIAL CONTRACTOR OF THE CON
C	Xan Xan Wh Wh	DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stoting the
DIRECTOR:	T OO E.E S	UNDERLYING CONDITION last. (c) Co Ch of Change
	medical sedical burns; shysicia in was remain	z June II
A		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIDISEASE OR CONDITION GIVEN IN PART 1 (A).
UNERAL	hief ody he p sicic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED 1
5	し、田子との	E 6 Milliotton
L.		OR CONTRIBUTING CAUSE OF home, form, foctory, street affice bidg, INJURY OCCUR?
	ved by thospitanature; ept whe d (6) No	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	> = = = = =	While At Work Not While
	다는 분이 이 이	22. I certify that (I) (this hospital) attended the deceased from 2-3 19 70 to 2-5 19 70
	교수수교존형	that (1) (we) lost sow the deceased alive on 19 0 and that in (my) (our) apinion death occurred on the de
	ust be eased ident nospite deat must	ond hour ond from the couses stated above. (1) (We) (did not) view the body ofter death.
	3 6	Attending 1 Med. Stoff 1
	0 - 0>	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	certificate body was r rs: (1) An a D.O.A. at a ased prior	H. J. / Fee MD Tokus How V Hoses
	E-10 0 0 -	REMOVAL (Specify) 24D. NAME of CEMETERT of CREMATORY 24D. UCATION (City, town, or county) (Stote)
	This certifulation of the body shows: (1) was D.O deceased written a	2-10-70 St. Edmond Ch Cem. Sunderland Calvert Md
	This ce the books: was D. was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25A. NATURE OF REDISTRAR 25G. FUNERAL DIRECTOR PINE GRAD. Md.
		VS 150-REV. 1/1/68

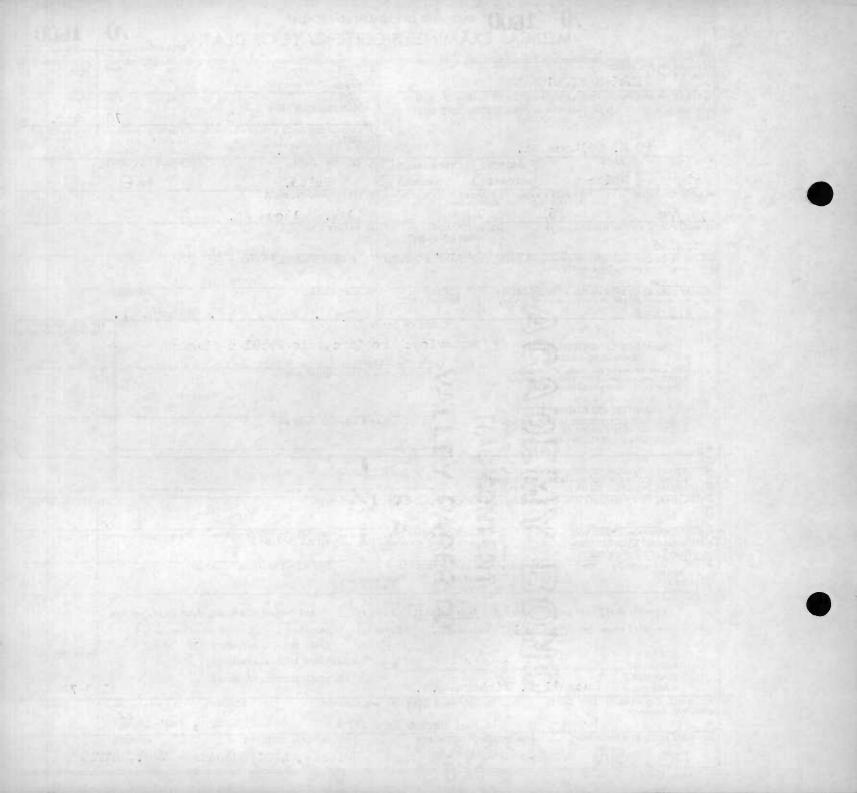


B-4	00 70	159	~	HEALTH DEPARTMEN		70 1597
I. NAME OF	Gertrute E		(Gertrude)	2. DAT	E AND HOUR OF DEATH	
3. PLACE IN	BALTIMORE MARYLAND,					6:30 Pe
FULL NAM				Maryland	OUNTY	1100
HOSPITAL C	OR ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	0.40	CIDE CIDE CIDE CIDE CIDE CIDE CIDE CIDE
	Baltimore Cit	y Hospi	tals	Baltimore	D. IN	YES X NO
31	4940 Eastern		ū.	E. STREET AND NUMB	R	IES A NO
91	Baltimore, Md.	21224		223 Pine S	t. 007	
s. sex Female	6. RACE Negro	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 8-10-99	9. AGE (In years last, birthday)	Il Under 1 Yr. Il Under 24 Hr. Manths Days Haurs Min.
IOA. USUAL	OCCUPATION (Give kind of wor	IL TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	loreign country)	12. CITIZEN OF WHAT COUNTI
Jone during m	ost of working life, even if retired)					
3. FATHER'S	NAME			North Carol North Carol Norther's Maiden		USA
					NAME	
	lie Perry		19	Ellen		
Yes, no or uni	eosed Ever in U.S. Armed Fa (nown) (If yes, give wor ar da)	es of service)	SECURITY NO.	17. INFORMANT	4940 Easter	n Ave. ADDRESS
				BCH Records:	Baltimore,	
18.	2.04124	19	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
OTHER SI	Ihe obove cause (A) YING CONDITION lost. II GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO T	ONTRIBUTING	(c)	A CONSEQUENCE OF:	RELLITH	8.
	OR CONDITION GIVEN IN PARE OF OPERATION 198. CON WAS PER	RT 1 (A).	WHICH OPERATION PELVIC NALIC NATION	20A. AUTOPSY? (Yes o	(No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examined	218. hom	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DI	(II In Baitima	ara City, give exoci lacotion)
OF INJUI	RY	144.17	INJURY OCCURRED le Af Nof While k Al Work		INJURY OCCUR?	
22. 1 cer	rtify that (1) (this hospital	l) attended th	ne deceased fram	1-22-	19Zoto	2 - 7 - 1970
	(we) last saw the decease		0 -	19.70 one		Inton death occurred an the dat
	r and fram the causes sto					
	Mo	honz	OEGREE Phys.		Staff Phys.	23B, DATE SIGNED 2 - 7 - 20
23C. PHYS	AE (Typo)	5. K/7	{ 2}	3D. ADDRESS Baltin 4940 Eastern		
REMOV	CREMATION, 248, DATE AL (Specily) 2/14/	70 M	ME of CEMETERY of CREATERY OF	MATORY 24D	LOCATION (C	ity, tawn, or county! (Stotel
	EC'D BY-HEALTH DEPT.	101	MITI OF	WE OT A	Baltimore	Md

,	4-1131	70	159	8	BALTIMORE CITY					1210	AFO	0
BIR	TH NO.				CERTIFICA	TE C	OF DEA	TH	REG. NO	_/U	159	8
	NAME OF DECEASE pe at Print) Hole	der, Pear	1				2, D	2-6-	D HOUR OF DEATH	1	5:25	Α
3.	PLACE IN BALTIMO	RE MARYLAND,	WHERE PRO	NOUN	ICED DEAD	4. USU	AL RESIDENCE	E (Where	e deceased lived. If i	nstitution: res		odmission
FU	LL NAME OF	(IF NOT IN HOSPI	TAL OR INS	דטדת	ION, GIVE STREET	Ma	aryland	CONN.	IT	/	402	
IN	STITUTION	Providen	t Hos	pit	al	II .	OR TOWN		D. INS	IDE CITY LIA		
	20	1514 Div	ison 8	Str	eet21217		Ltimore			YES 🔀	NO	
0	29						Ll MCul		Street			
5. :	SEX 6. RA	CE	7- MARRI	ED	NEVER MARRIED		OF BIRTH	19	AOE (in years	If Under Months	1 Ye . If Unc	ler 24 His
F	emale I	Negro	WIDOW	ED	DIVORCED	2-2	20-11	- 1	ost birthdoyl 59	Months	Doys Hours	Min.
10A	USUAL OCCUPATI	ON (Give kind af war	KIND KIND	OF B	USINESS OR INDUSTRY	11. BIRT	HPLACE (State	or foreig	gn country)	12. CITIZ	EN OF WHAT	COUNTR
	Unemployed						alto.,			U.	S. A.	
13.	FATHER'S NAME	Dest				14. MO	THER'S MAID	EN NAM	A E			
		Price				E	essie	Br	own			
5. Ye	Was Deceased Ever s, no or unknown) (If ye	in U. S. Armed Fo	rces? es of servic	e) 1	6, SOCIAL SECURITY NO.	17. INFC	RMANT				ADDRESS	
					Jedokiii iio,	Mr	Howar	d Dr	umond		Same	
_	18.7 61.9	~/1009	2		CAUSE OF DEATH	1	1 1			0 0		INTERVAL
	LEAD (This does not make the cost failure, asthe	nio, etc. Il means	dying, e	.g., se,	(A)IMMEDIATE CAN DUE TO, OR AS	SE A	TENTO	scl	exotic 4	eart		-trus innunde
	injury at camplical	CEDENT CAUSES			6	395	troed	, tei	initi's			
	DISEASES OR C			ina	(B)DUE TO, OR AS	A CONS	EQUENCE OF	:				
	rise to the ob UNDERLYING CO	ave couse (A)	staling 1	he		wa	beta	5 1	rellitu			
	UNDERLING CO	NDITION IGST.			(c)				11/4			
ATION	OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDI	NOT RELATED TO T	HE TERMIN	G	W-0-70**********************************							
ERTIFIC/	19A-DATE OF OPER	ATION 198 CON WAS PER	DITION FO	R WH	ICH OPERATION	20 A.	AUTOPSY?	or No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS OF D	CONSIDERED	
CAL C	21A. ACCIDENT W. OR CONTRIBUTINO DEATH (notify medic	AS UNDERLYINO COLOR CAUSE OF Call exominer)		218, PL home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, of	or abou	21C, WHERE	DID CUR?	(If to Boltimos	e City, give	exoct location)	
ā	21D. TIME (Mor	nth) (Day) (Year)			JURY OCCURRED		21F. HOW D	ILNI DIC	IRY OCCUR?			
ξ	(APPROX.)			While Work	At Not While							
	22. I certify that	(I) (this hospita			deceased from 12		59	19	9ta2=6	70	1	0
	that (i) (we) last								t in(my) (aur) api		accurred ar	the date
		n the causes sta	ted abave	. (1) (We) (did) (did nat) v	lew the	bady after a	leath.				
	23A. SIGNATURE	0	000)	133				23B, DATE	-	
		7	Chor	12:	DEGREE Phys	nding _	Med. Director		Staff Phys.	Feb	. 6, 19	70
	PHYSICIAN'S NAME (Type)	mundo	PC	20	cnus	3D. ADD		0 C	twoot Bolt		M.A	
24 A	BURIAL CREMATIC	ON, 24B, DATE			DEGREE	MATORY	. DIVIS	24D. LO	treet Balt	ity, town, or		(Stotel
	Burial	2/12/	70	Mt	t Auburn (Ceme	tyr	Ва	ltimore	Md		
25A		Robert Coord	238. NAM	a OF	REGISTRAR		FUNERAL DI	RECTOR	ad 1206 W		ADDRESS th AVe	
/S	150-REV. 1/1/68											







	R-400 70 1601	BALTIMORE CITY	HEALTH DEPARTMENT		70 1601
	ATH NO.	CERTIFICA	TE OF DEATH	REG. NO.	10 1001
(Ту	Pe or Print) RILEY HARVEY		Feb	RUAR V 9	9701 830 A.
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If insti	lutian: residence before admission
FU	ILL NAME OF UF NOT IN HOSPITAL OR INSTITUT	ION, GIVE STREET	m.D.	% innere	7834
in	DISPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDI	CITY LIMITS?
1	BON SECOURS HOSPI		E. STREET AND NUMBER		res P NO
'^	John Decours Mospi	TAC	11.0 11	NGHAM	2.45
5. S	SEX 6. RACE / 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr., If Under 24 Hi
n	nale White WIDOWED	DIVORCED	July 17, 1903	last birthday)	If Under 1 Yr. If Under 24 Hi Months Days Haus Min.
IOA	USUAL OCCUPATION (Give kind of work 108, KIND OF B	USINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNT
/	eduring most of working life, even if retired)	Personne	Describue	1110	United State
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	united oralle
1	lededdiah Rusy		mary C	1000	
5. \	Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	ruick.	ADDRESS
no	s, no or unknown) (If yes, give wor at dates at service)	SECURITY NO.	Chart		
	18. 2 2 2 1	705-07-9287 CAUSE OF DEATH	Chart		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEA
	LEADING TO DEATH	(A) IMMEDIATE CAU	ISE Pneum	onia	Sew day
	(This does not mean the mode of dying, e.g., heart failure, asthenia, efc. It means the disease,		A CONSEQUENCE OF:		0 1
	injury ar complication which caused death.)		2	1.4	1 1.100/
	ANTECEDENT CAUSES	(B)	4 scending 7	mjeliles	few year
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:/		1 1.m.a
	UNDERLYING CONDITION last.	(c)		********************	
_	II				
Ē١	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
ა	DISEASE OR CONDITION GIVEN IN PART 1 (A).	ICH OPERATION	20A. AUTOPSY? (Yes at No	208 IF YES WERE EIN	DINGS CONSIDERED
CERTIF	WAS PERFORMED		No	IN CERTIFYING CAUS	ES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., in	or about 21C. WHERE DID	(II In Boltimare C	City, give exact location)
₹	DEATH (notify medical exomined elc.)	ram, laciary, sireet, air	fice bldg., INJURY OCCUR?		
MEDI	OF IN HIDY	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
٤	(APPROX.) While Wark	At Wark	· 🗆		
	22. I certify that () (this hospital) attended the			1970 to 2	9 1070
- 1					19/1
	that (I) (we) lost sow the decensed alive on	2 _ 9	10 / 1.1	t(\\\	a death and the state of
	that (i) (we) lost sow the deceased alive on	2 - 9 Wa) (did) (did)	19and th	at in (pay) (our) opfnic	n deoth occurred on the da
	and hour and fram the causes stated abave. (1) (23A, SIGNATURE	2 - 9 We) (did) (did not) vi	19and th		
	and hour and fram the causes stated abave. (4) (We) (did) (did not) vi	iew the body ofter deoth.	Shuff FC	B. DATE SIGNED
	and hour and fram the causes stated abave. III (23A. SIGNATURE M. C.	We) (did) (did not) vi	iew the body ofter deothe		
	and hour and fram the causes stated abave. III (23A, SIGNATURE M. abla	We) (did) (did not) vi	iew the body ofter deoth.	Stoff Phys.	B. DATE SIGNED
	and hour and fram the causes stated abave. (1) 23A, SIGNATURE 23C-PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B, DATE 24G/NAME	We) (did) (did not) vi	iew the body ofter deoth. Inding Med. Director Bon S	Shoff De 23	HOSp.
24A	and hour and fram the causes stated abave. (1) 23A, SIGNATURE 23C-PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B, DATE 24C, NAME REMOVAL (Spacify)	We) (did) (did not) vi	iew the body ofter deoth. Inding Med. Director ISD. ADDRESS MATORY 24D. Le	Shoff Phys. 2:	18. DATE SIGNED 2-9-70 H2Sh town, or county) (Stole)
24A	and hour and fram the causes stated abave. (1) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DATE REMOVAL (Spacify) 2/12/70 Loud	We) (did) (did not) vi	moding Med. Director Med. SD. ADDRESS MATORY 24D. Lo	Shoff De 23	town, or county) (Stote)
24A	and hour and fram the causes stated abave. (1) 23A, SIGNATURE 23C-PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B, DATE 24C, NAME REMOVAL (Spacify)	We) (did) (did not) vi	iew the body ofter deoth. Inding Med. Director ISD. ADDRESS MATORY 24D. Le	Stoff Phys. 2: CCOWS CCATION (City. imore, Maryla	town, or county) ADDRESS



.-1. -----4

14A

10 1603							
	CITY HEALTI	H DEPART	MENT				
17-450 MEDICAL EVALUATION	EDIC CEL	TIEIC	ATE OF	DEAT		70	1000
MEDICAL EXAMIN	EK 2 CER	KIIFIC	ATE OF	DEAT	REG. NO	70	TUUS
BIKIH NC.							
I. NAME OF DECEASED (Type or Print)	2.	DATE OF	Known 🔀	Manth	Day	Year	Hour
George C. Floyd		DEATH	Estimoted				,
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA		DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE ADDRESS OR LOCATION)	ET	PRONOU	NCED DEAD	2	3	70	12.00 a
OR INSTITUTION	5. 1	USUAL RES	SIDENCE (Where	deceosed li	v ed. If Institution:		1 2 7 7 7 7
4/		STATE			B. COUNTY	O	100
St. Agnes Hospital			aryland		Ta 10 10 10 10 10 10 10 10 10 10 10 10 10		08
6. SEX 7. RACE 8. MARRIED NEVER MA	RRIED C.	CITY OR I	OWN		D. INSIDE CIT	LIMITS?	
male colored WIDOWED DIVO	ORCED [Baltimore		YES		по 🗌
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Und			ND NUMBER				
2-17-1909 lost birthday) Months, Doys, Hou	i min.		21/./. 441	-m C+			
II. BIRTHPLACE (State or foreign country) 12, CITIZEN OF	13.	FATHER'S	2144 Aik	en st.			
WHAT COUNT			2	4	11		
- ODG MU	IN COLUMN 15		Von	7/	loya		
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR done working most of working life, even if retired)	INDUSTRY 13.	WOIHER.	S MAIDEN NAI	ME 5			
EMAINEEN JONOOL		6	Ila.				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no ar unknown) (If yes, give war or dotes of service) SECURITY	18.	INFORM	ANT	1	Al ADI	DRESS	. / .
(Yes, no ar unknown) (If yes, give war or dotes af service)	371100	ma	Mariani	ta	+ loud	11	111161
IP. CAUS	E OF DEATH	14.00	rguera	a.	20 700		PROXIMATE INTERVAL
1/1/KIT	- 0, 5-,					BETW	EEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	rteriosc	lerot	ic cardio	vascu1	ar disea	Se	
LEADING TO DEATH	MEDIATE CAUS		re carare	vabcai	ar disca		
heart follure, osthento, etc. it means the disease.	UE TO, OR AS A	CONSEQU	ENCE OF:				
injury or complication which coused death.)							
ANTECEDENT CAUSES (0)							
	UE TO, OR AS A	CONSEQ	JENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE							
UNDERLYING CONDITION LAST. (C)							
<u>P</u>							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****						~~~~~~~~~~~~~
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPER.	ATION WAS PI	ERFORME	D			21. AUTO	PSY? (Yes or No)
O (no	

I certify that I held an

resulted from: Natural couses

TERNAL CAUSE WAS	22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Boltimare City, give exact in home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	ocotion

22A. EXTUNDERLYI UTING D UTING CAUSE OF DEATH. 22D. TIME (Month) OF INJURY 22E. INJURY OCCURRED (Yeor) m. WHILE AT (APPROX.)

Inquiry

NOT WHILE

Inspection X

Accident

M.D

Autopsy	ond ond	that on	this basis,	deoth	In my opinian	
vicide 🗌	Homicid	• 🗆	Undetermi	ned mo	onner 🗌	

22F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER **ASSISTANT MEDICAL EXAMINER** M.D.

ASSOCIATE MEDICAL EXAMINER

Deputy Chief Medical Examiner 24D/ JOCATION (City, town, or county) (Stote

24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 248, DATE 25A. DATE REC'D BY HEALTH DEPE 258 NAME OF REGISTRAR

25C, FUNERAL DIRECTOR

ADDRESS

DATE SIGNED

VS 151-REV. 1/1/68

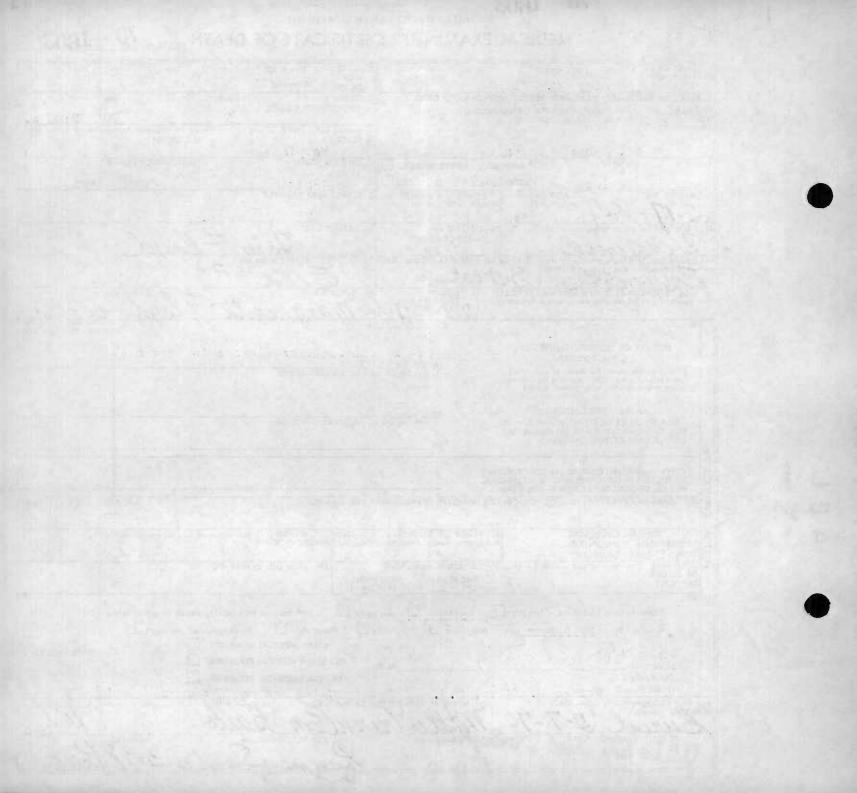
ACTUAL

SIGNATURE.

EXAMINER'S

NAME (Type)

23.



H-200

70 1604 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 70 1604
BIRTH NO.	REG. NO. TOUT
1. NAME OF DECEASED	2. DATE Known Manth Day Year Hour
(Type or Print) CATHERINE HOUSE	OF DEATH Estimoted February 5, 1970 8:25 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD Febuary 5,1970 8:25 P. 5. USUAL RESIDENCE (Where deceased lived. Il institution; residence before admission)
22	A STATE P COUNTY
JOHNS HOPKINS HOSPITAL	Maryland 2609
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. II Under 24 Hrs. Manths, Days, Hours, Mtn.	E. STREET AND NUMBER
May 5-1906 63	3829 Fait Avenue
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
MARYLAND WHAT COUNTRY?	HARRY EVANS
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
dane during mast of warking lile, even if retired) Store	UNKNOWN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IB. INFORMANT ADDRESS
(Yes, na or unknown) (If yes, give war or dotes of service) SECURITY NO. 212 26 1850	W. Gelon E. Hous - 3829 Fait Que.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Cardiac	tamponade
LEADING TO DEATH (A)IMMEDIATE C	
(This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
Injury or camplication which coused deoth.)	
ANTECEDENT CAUSES (a) Perfo	rations of right ventricle
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	orations of right ventricle AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(c) Cather	erization for pulmonary arteriogram
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	C Processes
O STERNION 200. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
2-5-70 Delineation of suspected	pulmonary émboli yes
22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB. 22B. PLACE OF INJURY (e.g., hame, lorm, lactory, street, office	in or about 22C. WHERE DID (If In Baltimore City, give exact location) bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. Hospital	Johns Hopkins Hospital
OF INTERPORT OF THE PROPERTY O	
(APPROX.) 2-5-70 Unk. m. WHILE AT NOT AT W	white Incident to right heart catheterization of the control of th
	opsy 🔀 and that on this basis, death in my opinion
resulted from: Notural causes Accident X Suicid	e Homicide Undetermined monner
The state of the s	CHIEF MEDICAL EXAMINER
SIGNATURE M.D. M.D.	ASSISTANT MEDICAL EXAMINER 🔀 DATE SIGNED
EXAMINER'S	ACCOCIATE MEDICAL EVALUATED
NAME (Type) Isidore Mihalakis, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
BURIAL 2-9-70 BALTIMORE	CEM. BALTO, MD.
25A. DATE REC'D-BY HEALTH DERT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 1 19/1 Jobet E. Jaban 122	
7 ()	Hartley Vopeller 2334 Jafferson 88.
VS 151-REV. 1/1/68	

63 JOPI - E MIM canad mank pau - 1) the pass - may a noticed off occasions BURNE A-4-70 BAISMORE CEN BAISMORE

BAI	LTIMORE	CITY	HEALTH	DEPARTMENT	
-----	---------	------	--------	------------	--

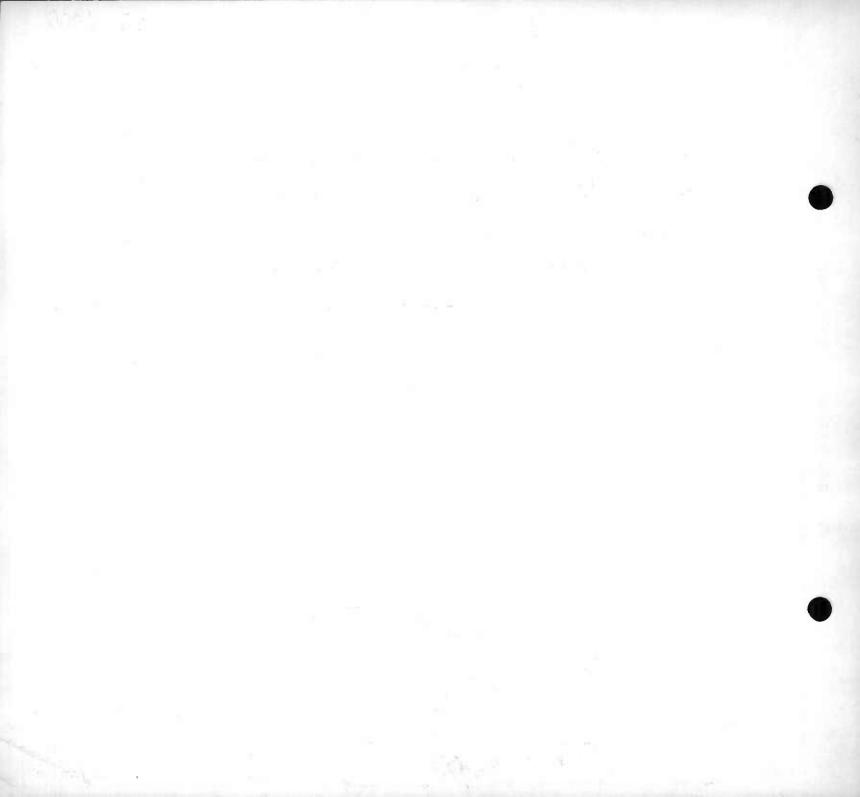
10.0	
70	1605
./ 11	
14.0	-AL 1 () L

M. 20 A. _{M.}					
20 A. _{M.}					
20 A. _{M.}					
20 A. _M .					
20 A. _{M.}					
mission)					
,					
7					
AND DEATH					
I UNDERLYING CONDITION FAST.					
s or No)					
ial)					
GNED					
GNED					
GNED					
GNED tate)					
Fema le Negro Widowed Divorced Baltimore 9. Date of Birth 10. Age (In year I will Under 1 Vr. II Under 1 Vr. II Under 1 Vr. II Under 2 Vr.					

2/16/70 - Correction form from funeral director.

Bo

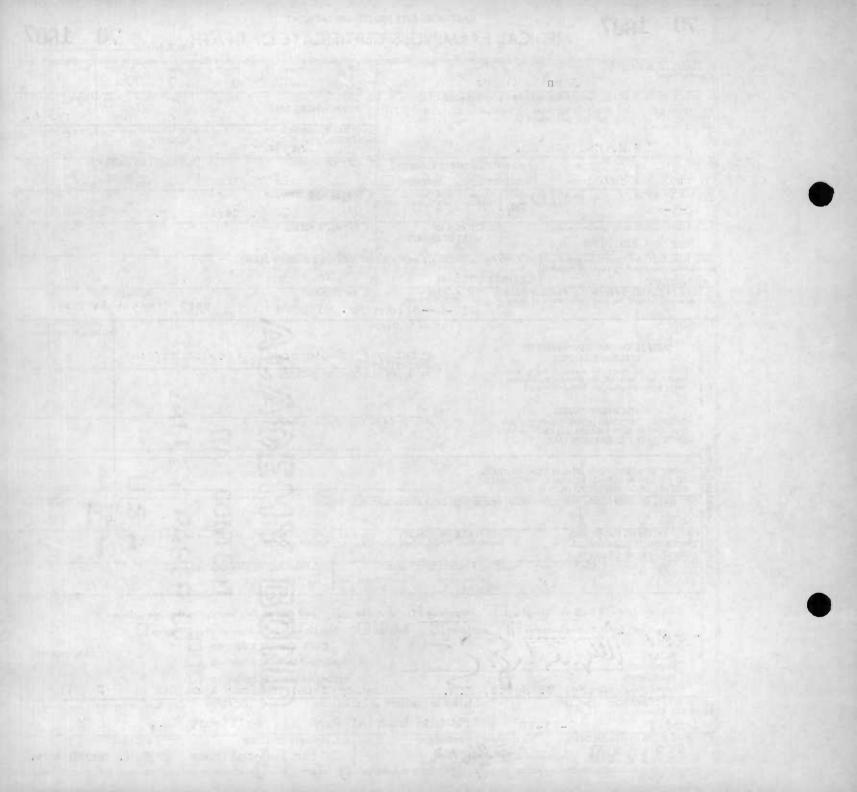
	70 1600	7	TE OF DEATH	REG. NO.	70 1606		
4.1	NAME OF DECEASED						
	Spicer ,	Peter	2. DATE AND 2/-	HOUR OF DEATH	11/ A.		
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	Receased lived. Il ins	titution: residence before admission		
	FULL NAME OF (IF NOT IN HOSPITAL OR INS ADDRESS OR LOCATION)	TITUTION, GIVE STREET	Md.		1511		
1			C. CITY OR TOWN	D. INSIE	YES NO		
014	inai Hospital of Balto		E STREET AND NUMBER				
5.		3919 Cederdale Road					
11 di	M N WIDOW	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years)	Manths Doys Hours Min.		
11 d	OA. USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even il retired)		11. BIRTHPLACE (Stole or foreig	n country)	12. CITIZEN OF WHAT COUNTRY		
	Custodian	neater	Maryland		USA		
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM				
15	Thomas Spicer Was Deceased Eyer in U. S. Armed Farces?	13.4.000	Elizabeth Todo	1			
110	es, na or unknown) (If yes, give war ar dotes af sorvice	16. SOCIAL SECURITY NO. 142-12-2854A	17. INFORMANT	2010	ADDRESS		
-	18. 7 5 0 7	CAUSE OF DEAT	Mrs. Esther Ch	laney 3919			
	DISEASE OR CONDITION DIRECTLY	Oriote of Blan	0 000	. 7	BETWEEN ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE LEVEL Church likely (DIFTO OR AS A CONSEQUENCE OF						
	heart failure, asthenia, etc. It means the diseast injury or camplication which caused death.)	e, DUE TO, OR AS	A CONSEQUENCE OF:	· -	0		
	ANTECEDENT CAUSES	- has	ele, Mielletus				
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating to	DUE TO, OR AS	A CONSEQUENCE OF:				
	UNDERLYING CONDITION lost.	(c) Card	ia Ho, Luseyeciency				
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11.0	Taradia		0		
ATI	10 THE DEATH BUT NOT RELATED TO THE TERMINA	i con	A wrighte	eucy,			
ERTIFIC.	19A DATE OF OPERATION 198 CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY Nos of No.	20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?		
110	21A. ACCIDENT WAS UNDERLYING	IR PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(if in Boltimore	City, give exoct location)		
CAL	DEATH (natify medicat examiner)	ame, farm, factory, street, of ic.)	ince bidg., INJURY OCCUR?				
MEDI	OF INJURY (Manth) (Doy) (Year) (Hour) 2	E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
1	(V	Vark Not While	° 🗆				
	22. I certify that (I) (this hospital) ottended			7010_2	17 19 70		
	ond hour and from the causes stated above.		19ond that	in (my) (our) opini	on dooth occurred on the date		
	23A. SIGNATURE	(1) (me) (did) (did not) V	lew the body offer deoth.		23B, DATE SIGNED		
24	Cherry	DEGREE Phys	nding Med. St	off Nys.			
	23C. PHYSICIAN'S NAME (Type) Gorlos R.	Perel	Siva i Hospa	tal of	Bol78		
24	A. BURIAL CREMATION, 248. DATE 24C.	NAME of CEMETERY OF CRE		ATION City.	, town, or county) (Stotel		
	Burial 2-12-70 I	Mt Auburn Cemet		timore	Md		
1 25	A DATE SECTION STATE OF SERVICE SERVICES	OF REGISTRAR	Nutter Huneral	Home 3035	ADDRESS W. North Avenue		
VS	150-REV. 1/1/68	E - 34 V	11 O B 13 23.				



70 1607

MEDICAL EXAMINER'S CERTIFICATE OF DEATH R

	MEI	DICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	70	1607
BIRTH NO.									
1. NAME OF DEC				2. DATE OF	Known 🔼	Month	Doy	Year	Hnur
	John	Holm		DEATH	Estimated	2	7	70	M
4. PLACE IN BALT	TIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	3. DATE		Month	Day	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITU	TION, GIVE STREET		UNCED DEAD	2	7	70	11:45 a. _м
				A. STATE	ESIDENCE (Wher	e deceased i	ived. If Institution B. COUNTY	residence b	elore odmission)
(2) 120	N. Carlton	St.		W. SIMIL	Maryland		B. COUNTY	15	(1)
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	C De l
male	colored	WIDOWED	DIVORCED [Balti	more		147	NO 🗆
9. DATE OF BIRTH	last birthd	n yeors If Mo	Under 1 Yr. if Under 24 Hrs. onths: Days Hours Min.	E. STREET	120 N.	Carl	ton St.		
North Ca	arolina	12.	CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME				
14A.USUAL OCCUP	ATION (Give kind al wark	148. KIND O		15. MOTHE	P'S MAIDEN NA	ME			
Laborer		Consti	F BUSINESS OR INDUSTRY	?	N 3 MAIDEN NA				
16. WAS DECEASE	D EVER IN U.S. ARME (Il yes, give wor ar dotes	D FORCES?	17. SOCIAL	IB. INFORM	TAANT		AL	DRESS	
	(II yes, give wor ar doles	of service)	217-09-5110	Mr. W	inston Ha	11 2	2813 Wind	sor Av	renue
19. 4	5 41		CAUSE OF DEAT	rH					ROXIMATE INTERVAL
DISEASE	OR CONDITION DIRE	CTIV						OE ! WE	EN ONSEI AND DEAL
	EADING TO DEATH	CILI	Arterio	sclerot	ic cardio	vascu.	lar disea	ase	
	t mean the made of di	Ing. e.g.	(A)IMMEDIATE C	AUSE					
heart tailure,	asthenio, etc. It means the	e disease.	DUE TO, OR A	S A CONSEQ	UENCE OF:				
injury or comp	plicotian which caused de	oin.)							
DISEASES OF	TECEDENT CAUSES	Y, GIVING	(B) DUE TO, OR	AS A CONSEC	QUENCE OF:				
UNDERLYING	ABOVE CAUSE (A) STA	IING IHE							
č			(C)	************			*************		
OTHER SIGNII TO THE DEAT DISEASE OR C	FICANT CONDITIONS C TH BUT NOT RELATED TO	ONTRIBUTIN	ှ						
DISEASE OR C	CONDITION GIVEN IN P	ART 1 (A).	·L						
20A. DATE OF	OPERATION 208. CO	NDITION FO	R WHICH OPERATION WA	S PERFORM	ED			21 AUTOR	SY? (Yes ar Na)
Ö									317 (. 65 61 110)
✓ 22A. EXTERN	IAL CALLES MAG	la-s					1	no	
//	OR CONTRIB-	hon	.PLACE OF INJURY(e.g., ne, farm, lactory, street, affice	bldg., etc.)	VIURY OCCUR?	(Il In Baltima	re City, give exac	t lacotian)	
≥ 22D. TIME (N	Month) (Day) (Yea	r) (Hour)	22E, INJURY OCCURRED	2	2F. HOW DID IN	ILIRY OCC	1192		
OF INJURY '	, , , , , , , , , , , , , , , , , , , ,	, (,		WHILE -	TO TO DID IN	JOKI OCC	OKI		
(APPROX.)		m.	WORK AT W				_ (3×1)_		
	fy that I held an I	naulry 🗀	Inspection X Aut	opsy 🗆	and the total	de best	double t		
					and that on the		_		
resulte	d from: Natural cau	ses X	Accident Sulcid	e ∐ Ho	micide 🔲	Undetermi	ned manner		
	1100	10	,) -	(HIEF MEDICAL E	XAMINER			
SIGNATUR	of he me	W/11	1	ASSIS	TANT MEDICAL E	XAMINER			DATE SIGNED
EXAMINE		X	M.D.						
	pe) Werner U.	Spitz	M.D. D		CIATE MEDICALE Chief Medi			2/	/8/70
24A. BURIAL CREMA REMOVAL (Specily	ATION 248 DATE		4C. NAME of CEMETERY	r CREMATO	RY 24D.	LOCATION			(State)
Burial	2-11-	-70	Arbutus Memor	rial Pa:	rk B	altimo	re Co.,		Md
25A. DATE REC'D B	Y HEALTH DEPT		E OF REGISTRAR	25C. F	UNERAL DIRECTO	OR	AD	DRESS	
FEB 1	0 1970 Rober	8 E. Jan	Ber, M.D.		tter Fune				rth Ave.
VS 151-REV. 1/1/68	//////////	7		- 10	U U Q				



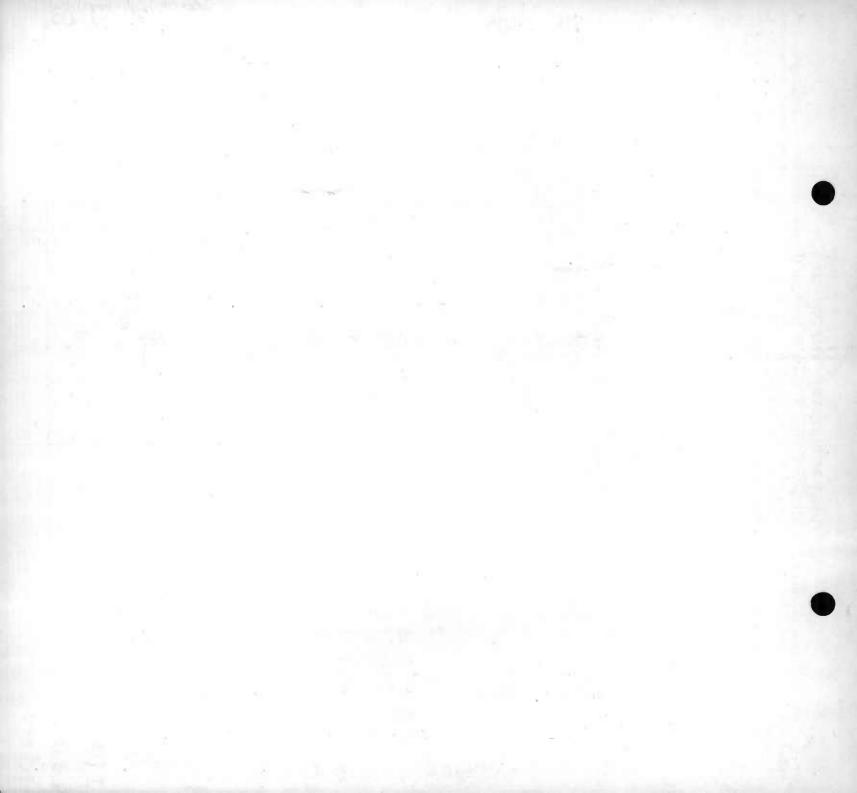
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

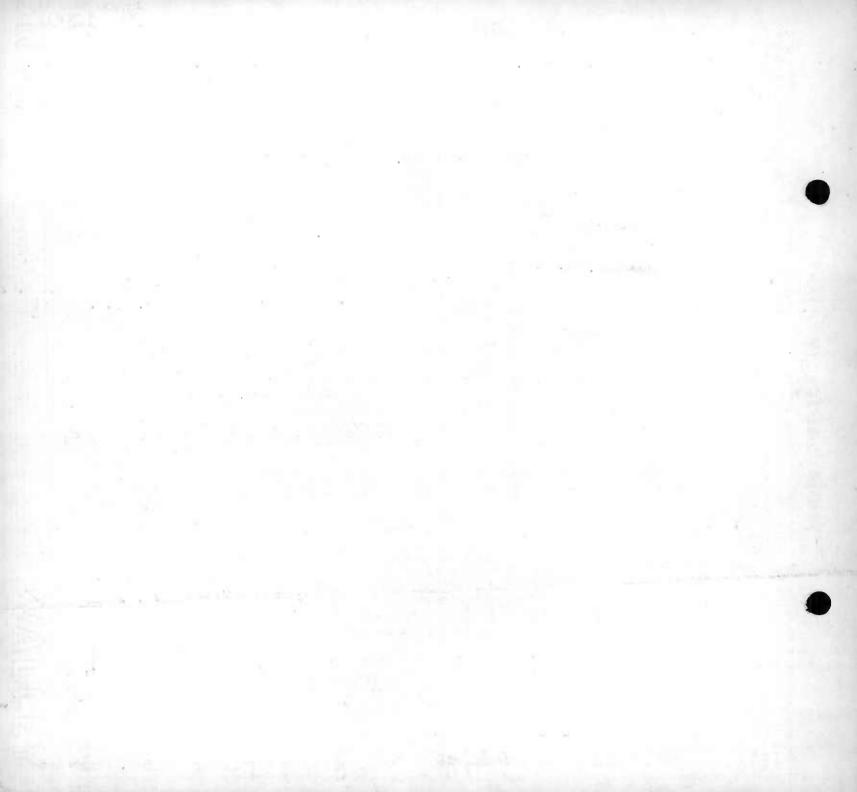
3

VS 150-REV. 1/1/68

Baltimore		YES X	NO 🗌
E. STREET AND NUMBER	R		
417 Lauren	ns Street		
B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months Days	If Under 24 Hrs.
10.10.00	lost birthdoy)	Months Days	Hours Min.
10=12=92. RY 11. BIRTHPLACE (State or		12. CITIZEN C	F WHAT COUNTRY?
South Card	olina	USA	
14. MOTHER'S MAIDEN	NAME		
Es	stelle Legge	ette	
17. INFORMANT		ADD	RESS
Mrs. Georgi	ia P. Mitche	ell 417 La	urens St.
TH			ROXIMATE INTERVAL
1		DE I WE	EN ONSET AND DEATH
AUSE Carcenon	an of ATH	254	
S A CONSEQUENCE OF:	12000		
a a constant of or	meggs cus	~ /	
	V	V	
AS A CONSEQUENCE OF:			
			
20 A. AUTOPSY? (Yes or	No. 208 IE VES WE	DE EINDINGS CON	SIDERED
ZON MOTOF ST. TICS OF	IN CERTIFYING	RE FINDINGS CON CAUSES OF DEAT	H?
office bldg., INJURY OCCUR	? (It In Bolti	more City, give exoc	t location)
21E HOW DID	INJURY OCCUR?		
hile 🗆	Myoki occok.		
rk			
lan 2	1970 to	936.	1970,
1-1			
2 19 / O and	that In(my) (aur)	apinian death ac	curred an the date
view the bady after dea	th.		
		23B. DATE SIG	NED
ttending Med.	Staff [- /	-20
nys. Director	Phys.	12-6	-70
23D. ADDRESS			
	dson Avenue		
EREMATORY 240	LOCATION	(City, town, or cou	nty) (State)
amial Domle			Md
	Baltimore C		DDRESS
25C, FUNERAL DIREC			
Nutter Fun	etal Home	3035 W. No	rth Ave.
	a principal or a second second second second		



VS 150-REV. 1/1/68



C-636

70 BIRTH NC.	1610 MEI	DICAL E	EXAMINER'S C	ERTIFI	CATE OF	DEAT	H REG. NO	70	1610
1. NAME OF DEC	JEROME CART	ER		2. DATE OF DEATH	Known Estimoled	Manth 2	Day 8	Year 70	Hour
FULL NAME OF	TIMORE, MARYLAND,	WHERE PROP	NOUNCED DEAD TION, GIVE STREET	3. DATE	UNCED DEAD	Manth 2	Doy 8	Year 70	Hour 12:30 Pm.
OR INSTITUTION	'00 W. Fayett	e St.	(DOA)	5. USUAL R A. STATE	ESIDENCE (Where	deceosed li	ed. If Institution B. COUNTY	residence b	efare admission)
6. SEX Male	7. RACE Negro		NEVER MARRIED	C. CITY OR	Balto.		D. INSIDE CI		
9. DATE OF BIRT	H 10. AGE (In years If May)	Under I Yr. If Under 24 Hrs. nths, Days, Hours, Min.		. Fayette	-St	Ţ YE	s k l	<u> 10 </u>
	date or foreign country)	12,	CITIZEN OF WHAT COUNTRY?	13. FATHER		100.			
4A.USUAL OCCU lone during mosi of v Laborer	rorking lile, even il reiired)	148. KIND O	BUSINESS OR INDUSTRY	15. MOTHE		ME			74 Y - Z
	ED EVER IN U.S. ARME		17. SOCIAL SECURITY NO. 578-18-0194	18. INFORM	MANT Marry John	son 21		odress on Stre	et
(This does no heart foilure, Injury or com AT DISEASES (RISE TO THE UNDERLY)	E OR CONDITION DIRI LEADING TO DEATH of meon the mode of dyosthenio, etc. It means the application which coused de NTECEDENT CAUSES DR CONDITIONS, IF AN E ABOVE CAUSE (A) STA IG CONDITION LAST.	ying, e.g., e diseose, oih.)	CAUSE OF DEAT Arterioscler (A) IMMEDIATE C DUE TO, OR A (8) DUE TO, OR A	OTIC C AUSE S A CONSEQ	UENCE OF:	ular d	isease		ROXIMATE INTERVAL
U TO THE DEA	II IFICANT CONDITIONS CLATH BUT NOT RELATED TO CONDITION GIVEN IN F	THE TERMINA	3						
			R WHICH OPERATION WA	S PERFORM	ED				SY? (Yes or No)
UNDERLYING	NAL CAUSE WAS OR CONTRIB-	228 horr	PLACE OF INJURY (e.g., i	n or obout 2 bldg., etc.)	2C. WHERE DID (II in Soltimor	e City, give exoc	t locotion)	S
	USE OF DEATH. Month) (Doy) (Yeo		22E.INJURY OCCURRED WHILE AT NOT WORK AT WO	WHILE	2F. HOW DID IN	TURY OCCU	JR?		
1 certi	od from: Natural case	Fushe	Inspection Aut Accident Suicide M.D.	ASSIS	and that on the micide to the third that the control of the contro	Undetermi XAMINER XAMINER	death in my and manner)	DATE SIGNED
24A. BURIAL CREA REMOVAL (Specif Burial	AATION, 24B. DATE (y) 2/11		Red Hill Ceme			lifton	(City, lown,		(Stote)
FEB 1	BY HEALTH DEPT.	258. NAM	Ben M.D.	25C. F	UNERAL DIRECTO	OR .	AD	DRESS W. No	rth Ave.
'S 151-REV. 1/1/68				10	6 0 6				

7 and dietal to the land of the land of the land Builton . Water and the state of the state o

V\$ 150-REV. 1/1/6B

	Mar Co	1 /2 4 /6				/ 1 1	
DUDWILL DATE	70 :	1611	CERTIFICA	TE OF DEATH	REG. NO		THT
BIRTH NO.	C do		~~~				
Type or Print)	Apence	1=	GRAU	2. DATE	AND HOUR OF DE	70	8. 30 a.
B. PLACE IN BALTIM	ORE MARYLAND, WHER	RE PRONOUNCE		4. USUAL RESIDENCE (V	here deceased lived.	Il institution; re	sidence belove odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL (ADDRESS OR LOCATIO			MARY AND		INSIDE CITY LI	15021 MITS?
4611				E. STREET AND NUMBER	11	YES 💢	№ □
Wyther	AN HOSPIL	Ah		1117 N. 7		venue	
MAle 6.	A/	MARRIED 🔀 N /IDOWED 🗌	DIVORCED	11-3-94	9. AGE (In years lost birthday)	Months	Doys Hours Min.
IOA, USUAL OCCUPA		KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (Stote of	oreign country)	12. CITI	EN OF WHAT COUNT
Railroad	Worker 1	Pailroa	d	MARY	ANd		1.S.A
13. FATHER'S NAME	Samuel	Bucy		alverta	NAME		
5. Was Deceased Ev Yes, no or unknown) (If	er in U. S. Armed Forces? yes, give wor or dotes of	service)	SOCIAL SECURITY NO.	17. INFORMANT	20 6.	1010	ADDRESS
nes 3	stugit 21 he	619 71	7-07-1804	ms mela	VIILE XII	24 1717	APPROXIMATE INTERVAL
18.5 9 P	OR CONDITION DIRECT	TIV	CAUSE OF DEATH			-	SETWEEN ONSET AND DEA
	ADING TO DEATH	ILY	A SHAMEDIATE CALL	. Penal	la line	- 10	1-31-71
	mean the made of dyi Thenio, etc. It means the		(A) IMMEDIATE CAU	CONSEQUENCE OF:	0		
injury or compli	cation which caused dec						
	calion which caused deo TECEDENT CAUSES		(n)				2.6-70
DISEASES OR	TECEDENT CAUSES CONDITIONS, il ony,	olh.) , giving	(B)	A CONSEQUENCE OF:			2.6-70
DISEASES OR	TECEDENT CAUSES CONDITIONS, il ony, above couse (A) sto	olh.) , giving	mily	A CONSEQUENCE OF:			2.6-70
DISEASES OR	TECEDENT CAUSES CONDITIONS, il ony, above couse (A) slo CONDITION last.	olh.) , giving	(B)	A CONSEQUENCE OF:			2.6-70
DISEASES OR	TECEDENT CAUSES CONDITIONS, il ony, above couse (A) slo CONDITION last.	olh.) , giving holing the	mily	A CONSEQUENCE OF:			2.6-70
DISEASES OR	TECEDENT CAUSES CONDITIONS, il ony, above couse (A) slo CONDITION last. II ANT CONDITIONS CONTRI	, giving ling ling lhe	mily	A CONSEQUENCE OF:			2.6-70
DISEASES OR rise to the UNDERLYING C	TECEDENT CAUSES CONDITIONS, il ony, above couse (A) slo CONDITION last. II ANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TE	polh.) July giving line July li	(c)	A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or	Noi) 20B. IF YES, W	ERE FINDINGS CAUSES OF	CONSIDERED
NO DISEASES OR TISE TO THE UNDERLYING OF THE DEATH BE DISEASE OR CON 19A. DATE OF OR CONTRIBUTING OR CONTRIBUTING DEATH (notify me	CONDITIONS, il ony, above couse (A) slo condition last. Il ant conditions contribut not related to the 18 dition given in Part 1 (Peration 198 Condition WAS PERFORM	polh.) , giving ling line IBUTING ERMINAL (A). ON FOR WHICHMED	(C)		IN CERTIFYING	CAUSES OF	CONSIDERED DEATH? e exact location)
NOTHER SIGNIFICATION TO RECONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	CONDITIONS, il ony, above couse (A) slo CONDITION last. II ANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1 (PERATION 198 CONDITION SPERFORM WAS UNDERLYING AUSE OF edicol exominer)	JULING ERMINAL (A). ON FOR WHICHMED 218. PLAC home, for etc.)	(C)	20 A. AUTOPSY? (Yes or	IN CERTIFYING	CAUSES OF	DEATH?
NO OTHER SIGNIFICATION TO THE DEATH BE DISEASE OR CON 19A. DATE OF OR CONTRIBUTION DEATH (notily more contribution).	CONDITIONS, il ony, above couse (A) slo CONDITION last. II ANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1 (PERATION 198 CONDITION SPERFORM WAS UNDERLYING AUSE OF edicol exominer)	JULING ERMINAL (A). ON FOR WHICHMED 218. PLAC home, for etc.)	H OPERATION CE OF INJURY (e.g., ir m, loctory, street, of	20A. AUTOPSY? (Yes of or obout 21C. WHERE DID injury OCCUR	IN CERTIFYING	CAUSES OF	DEATH?
OTHER SIGNIFICA TO THE DEATH BE DISEASE OR CON 194. DATE OF OIL 21A. ACCIDENT OR CONTRIBUTING COF INJURY (APPROX.)	CONDITIONS, il ony, above couse (A) slo CONDITION last. II ANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1 (PERATION 198 CONDITION SPERFORM WAS UNDERLYING AUSE OF edicol exominer)	polh.) , giving line IBUTING ERMINAL (A). ON FOR WHICH MED 218. PLAC home, for etc.) 4000) 21E. INJL While At Work	(C) H OPERATION CE OF INJURY (e.g., ir m, loctory, street, of the control	20A. AUTOPSY? (Yes of or obout 21C. WHERE DID injury OCCUR	IN CERTIFYING	CAUSES OF	DEATH?
DISEASES OR TISE TO THE DEATH BOUSEASE OR CON 19A. DATE OF OR CONTRIBUTING OF INJURY (APPROX.)	TECEDENT CAUSES CONDITIONS, il ony, above couse (A) slo CONDITION last. II ANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1 (PERATION 198 CONDITION AS PERFORM WAS UNDERLYING AUGUST (PERFORM CAUSE OF edicol exominer) Anonth) (Doy) (Year) (Heat Withing Income and the country of t	polh.) , giving the libuting like libuting libut	(C) H OPERATION CE OF INJURY (e.g., irm, loctory, street, of DRY OCCURRED Not While At Work	20 A. AUTOPSY? (Yes or or obout 21 C. WHERE DIG fice bidg., INJURY OCCUR	IN CERTIFYING (II in Bal	timore City, giv	DEATH? e exact location)
OTHER SIGNIFICATION OTHER SIGNIFICATION OTHER DEATH BE DISEASE OR CON 19.A. DATE OF OR OF CONTRIBUTING 21.D. TIME OF INJURY (APPROX.) 22. I certify the that (I) (we) la	CONDITIONS, il ony, above couse (A) slo CONDITION last. IL ON THE CONTRIBUTION SCONTRIBUTION SCONTRIBUTION SCONTRIBUTION GIVEN IN PART 1 (PERATION 198. CONDITION WAS PERFORM WAS UNDERLYING OAUSE OF edicol exominer) Anonth) (Doy) (Year) (Heart (H) (this haspital) at st saw the deceased a	JEUTING ERMINAL (A). ON FOR WHICH MED 218. PLAC home, for etc.) While At Work ttended the de	H OPERATION CE OF INJURY (e.g., ir m, loctory, street, of OPERATION Not While At Work of Operation of Opera	20A. AUTOPSY? (Yes on no obout 21C. WHERE DID fice bidg., INJURY OCCUR	IN CERTIFYING (II in Bal INJURY OCCUR? 19 70 ta that in (my) (96r)	timore City, giv	DEATH? e exact location)
OTHER SIGNIFICATION OTHER SIGNIFICATION OTHER DEATH BE DISEASE OR CON 19.A. DATE OF OR OF CONTRIBUTING 21.D. TIME OF INJURY (APPROX.) 22. I certify the that (I) (we) la	CONDITIONS, il ony, above couse (A) slo CONDITION last. IL ON THE CONTRIBUTION SCONTRIBUTION SCONTRIBUTION SCONTRIBUTION GIVEN IN PART 1 (PERATION 198. CONDITION WAS PERFORM WAS UNDERLYING OAUSE OF edicol exominer) Anonth) (Doy) (Year) (Heart (H) (this haspital) at st saw the deceased a	JEUTING ERMINAL (A). ON FOR WHICH MED 218. PLAC home, for etc.) While At Work ttended the de	H OPERATION CE OF INJURY (e.g., ir m, loctory, street, of OPERATION Not While At Work of Operation of Opera	20 A. AUTOPSY? (Yes or or obout 21 C. WHERE DIG fice bidg., INJURY OCCUR	IN CERTIFYING (II in Bal INJURY OCCUR? 19 70 ta that in (my) (96r)	timore City, giv	DEATH? e exact location)
NO DISEASES OR rise to the UNDERLYING OF THE DEATH BE DISEASE OR CON 19A. DATE OF OR CONTRIBUTING OF INJURY (APPROX.) 21 L certify the that (I) (we) la and haur and fr 23A. SYNATURE	CONDITIONS, il ony, above couse (A) slo CONDITION last. IL ON THE CONTRIBUTION SCONTRIBUTION SCONTRIBUTION SCONTRIBUTION GIVEN IN PART 1 (PERATION 198. CONDITION WAS PERFORM WAS UNDERLYING OAUSE OF edicol exominer) Anonth) (Doy) (Year) (Heart (H) (this haspital) at st saw the deceased a	JEUTING ERMINAL (A). ON FOR WHICH MED 218. PLAC home, for etc.) While At Work ttended the de	(C) H OPERATION CE OF INJURY (e.g., irrm, loctory, street, of the control	20A. AUTOPSY? (Yes on a colout 21C. WHERE DID in a colout 21F. HOW DID 21F. HOW DID and iew the bady after deat	IN CERTIFYING (II in Bal INJURY OCCUR? 19 70 ta that in (my) (96r)	23B. DAT	DEATH? e exact location) 19.70 th occurred an the di
DISEASES OR rise to the UNDERLYING OF UNDERLYING OF THE DEATH BE DISEASE OR CON 19 A. DATE OF OR CONTRIBUTING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAPPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify the that (I) (we) Ia and haur and from the contribution of	TECEDENT CAUSES CONDITIONS, il ony, above couse (A) slo CONDITION last. II ANT CONDITIONS CONTRIBUT NOT RELATED TO THE TE DITION GIVEN IN PART 1 (PERATION 198 CONDITION WAS PERFORM WAS UNDERLYING 1 NOT 198 CONDITION OF CONDITION OF CAUSE OF Edicol exominer) Anonth) (Doy) (Year) (He at Which has pital) at set saw the deceased a company of the causes stated of the causes of the caus	JEUTING ERMINAL (A). ON FOR WHICH MED 218. PLAC home, for etc.) While At Work Hended the de	(C) H OPERATION CE OF INJURY (e.g., ir m, loctory, street, of the loctory) DRY OCCURRED Not While At Work seceased fram (did) (did nat) v OEGREE Phys	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID included in 1970 and iew the bady after dear or other	IN CERTIFYING (II in Bal INJURY OCCUR? 19 7 0 ta that in (my) (90r) h. Shoff Phys.	238. DAT	DEATH? e exact location) 19 7 0 th occurred an the divinity of the divinity
NO DISEASES OR rise to the UNDERLYING OF THE DEATH BE DISEASE OR CON 19 A. DATE OF OR CONTRIBUTING OR CONTRIBUTING DEATH (NOT CONTRIBUTING OF INJURY (APPROX.) 21. I certify the that (I) (we) to and hour and from the contribution of the contribut	CONDITIONS, il ony, above couse (A) slo CONDITION last. II ANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1 (PERATION 198. CONDITION AS PERFORM WAS UNDERLYING CAUSE OF edicol exomines) Alonth) (Doy) (Year) (Heart Whis haspital) at st saw the deceased a rom the causes stated in the cause	JEUTING ERMINAL (A). ON FOR WHICH MED 218. PLAC home, for etc.) While At Work Hended the de	(C) H OPERATION CE OF INJURY (e.g., irm, loctory, street, off) DRY OCCURRED Not While At Work seceased fram (did) (did nat) v OEGREE Phys	20A. AUTOPSY? (Yes or	IN CERTIFYING (II in Bal INJURY OCCUR? 19 70 ta that in (my) (g/cr) th. Shoff Phys. The American House	238. DAT	DEATH? e exact location) 19 7 0 th occurred an the divinity of the divinity
DISEASES OR rise to the UNDERLYING OF UNDERLYING OF THE DEATH BE DISEASE OR CON 19 A. DATE OF OR CONTRIBUTING DEATH (notify more of injury (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify the that (I) (we) la and haur and from the control of the control	CONDITIONS, il ony, above couse (A) slo CONDITION last. IL ON DITION S CONTRIBUTION S CONTRIBUTION S CONTRIBUTION S CONTRIBUTION GIVEN IN PART 1 (PERATION 198. CONDITION WAS PERFORM WAS UNDERLYING Anoth) (Doy) (Year) (Heat Withis haspital) at st saw the deceased a com the causes stated of the causes s	Jernal Street St	(C) H OPERATION CE OF INJURY (e.g., ir m, loctory, street, of the loctory) DRY OCCURRED Not While At Work seceased fram (did) (did nat) v OEGREE Phys	20A. AUTOPSY? (Yes or	IN CERTIFYING (II in Bal INJURY OCCUR? 19 7 0 ta that in (my) (90r) h. Shoff Phys.	238. DAT	th occurred an the design of the control of the con
NO DISEASES OR rise to the UNDERLYING OF UNDERLYING OF THE DEATH BE DISEASE OR CON 19.A. DATE OF OR CONTRIBUTION OR CONTRIBUTION CONTRIBUTION OF INJURY (APPROX.) 21. L certify the that (I) (we) to and hour and from the contribution of the contri	CONDITIONS, il ony, above couse (A) slo condition last. II ANT CONDITION S CONTRIBUT NOT RELATED TO THE TE DITION GIVEN IN PART PERATION 198. CONDITION WAS PERFORM WAS UNDERLYING Nonth) (Doy) (Year) (H) Ant (M'(this haspital) at st saw the deceased a rom the causes stated was performed). P. G. P. R. R. E. S. C.	Jernal Street St	CC)	20A. AUTOPSY? (Yes or	IN CERTIFYING (II in Bal INJURY OCCUR? 19 70 ta that in (my) (96r) h. Shoff Phys. In the star of the system	238, DAT	DEATH? e exact location) 19 7 C th occurred an the d E SIGNED , 6. 76

Samuel George Carried South Strange Comments of the Comments o

David Hope Burling Waterally Elling & Land

111-340	10.42		BALTIMORE CITY	HEALTH DEPARTM	MENT		1216	
BIRTH NO.	'70	1612	CERTIFICA	TE OF DEA		REG. NO	70	1612
(Type or Print) Phi	lip H. Wi	hittle			eb. 8	OUR OF DEATH	1	12300
3. PLACE IN BALTIMORE,	MARYLAND, W	HERE PRONOUS	NCED DEAD	4. USUAL RESIDEN	CE (Where de	ceased lived. Il in:	stitution: resider	nce before admission
FULL NAME OF (IF HOSPITAL OR AD	NOT IN HOSPITA	L OR INSTITUT	TION, GIVE STREET	Md.	B. COUNTY	D. INSI	DE CITY LIMITS	748
1210 Rami	blewood F	Rd.		Baltimor	MBER		YES 🖰	NO 🗌
				1210 Ram	nblewoo	od Road		
	W	WIDOWED	NEVER MARRIED DIVORCED	5-26-03	166	GE (In years birthday)	If Under 1 Y Months Doy	If Under 24 Hrs. Hours Min.
done during most of working line. Salesma	ie, even if telired)		ld Co.	Balto., Mo		ountry)		OF WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIL				
William A.				Alice C		ger		
15. Was Deceased Ever in (Yes, no or unknown) (If yes,	U. S. Armed Force	os?	6. SOCIAL	17. INFORMANT		3	ADI	PRESS
No	give true of dutes		57-10-3621 F	Ruth M. Wh	nittle	Sa	ame	
CTHER SIGNIFICANT CONDISEASE OR CONDISEASE O	which caused of the course of the course (A) is cause (A)	dying, e.g., he disease, feath.) ny, giving staling the TRIBUTING TRIBUTING TRIBUTING TRIBUTING TRIBUTING TRIBUTING	Cerebral (B) DUE TO, OR AS	A CONSEQUENCE OF	sclessically	he cered did Euro L	LS S	ROXIMATE INTERVAL EN ONSET AND DEATH Udden 2 yrs. SIDERED 17
OR CONTRIBUTING	UNDERLYING CAUSE OF exominer)	21 B. Pi home, etc.)	ACE OF INJURY (e.g., in form, factory, street, offi	or obout 21 C. WHERE CE bldg. INJURY OC	DID CU R?	(If In Boltimore	City, give exac	t locotion)
21D.TIME (Month) OF INJURY (APPROX.)	(Doyl (Year)	(Hour 21 & IN White Work	At Not While		DID INJURY	OCCUR?		
22. I certify that (1)	(this hospital)	attended the	deceased fram	4-30	19 6	8 to a	2-8	10 70
that (1) (we) lost sov			1-29	19 70			on death on	urred on the date
and hour and from th			(did) (did=187) vi	ew the bady after a	leoth.	finds downs abitin	south of	on the ddle
23A. SIGNATURE	4 COOL	nan)	Atten	ding Med.	☐ Staff		238, DATE SIGN	70
	red C. Os	sman,	Jr. 2:	1101 St. P	,	Bu	Humore	- 2 MI
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C.NAM	E of CEMETERY OF CREA	MATORY	24D. LOCAT	ON (City,	, town, or coun	tyl (Statel
Burial	2-11-70		kwood Ceme	tery	Park	ville,		Md.
FEB 1 0 1970	Coled E.	away M	O O	25C. FUNERAL DI	sins Sc	ons Co. 4 Ball	905 York	PRESS Mad. 21212

.

IMPORTANT

FUNERAL DIRECTOR:

	M-255 70 1613	BALTIMORE CITY	HEALTH DEPARTMENT		20 4040
	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 1613
	NAME OF DECEASED He Name has	neie John.	2. DATE AND	HOUR OF DEATH	-1 -
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	1 1 -	deceased lived. It institution	on: residence before admission)
FL	JLL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	KI		1102
IN	men Hemoral Korpital		C. CITY OR TOWN	D. INSIDE CI	_
4	All		E. STREET AND NUMBER		NO [
2	14		47 12 Cakedw. Their	ϵ	
	SEX 6. RACE Thit 7. MARRIED WIDOWED		8. DATE OF BIRTH 9.	AGE (In years II I Mor	Under 1 Tr. II Under 24 Hisanths Days Hours Min.
10/	A. USUAL OCCUPATION (Give kind of work 108, KIND O		11. BIRTHPLACE (Stote or loreign	country) 12.	CITIZEN OF WHAT COUNTRY
(detered in success of working life even if retired).	entina	Unknown!		U.S.a.
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME		
	Maker	nee	Elaborer		
15. (Te	Wes Deceosed Ever in U. S. Armed Forces? s, no or unknown) (II yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	20		C. L. 261	h. 3026 x	la Consell
	DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Cardiae Arrest		
	(This does not meon the made of dying, e.g., heart foilure, ostherio, etc. It means the disease,		CONSEQUENCE OF:	*****************************	
	injury or complication which caused death.)	0.47	n 120	51	
	ANTECEDENT CAUSES	(B) ACCUI). Haute tock	unay Ulen	~
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(c)	***************************************		****
z	11				
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
CERTIFICATI	DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A-DATE OF OPERATION 19B. CONDITION FOR Y WAS PERFORMED	WHICH OFERATION	20A. AUTOPST? (Yes or No.)	208, IF YES, WERE FINDIN	10S CONSIDERED
CERI	21A. ACCIDENT WAS UNDERLITING 21B.	PLACE OF INITION (o. a. la	or obout 21C, WHERE DID		
CAL		e, form, foctory, street, off	injury occur?	(II In Baltimore City,	, give exact location)
MEDI	OF INJURY	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
<	(APPROX.) Whi	ile At Not While			
	22. I certify that (I) (this hospital) attended ti	he deceased from	2/6 19.	10 to 2/6	19_76_
	that (I) (we) last saw the deceased alive an_	3 / ,	•		deoth accurred an the date
	and hour and from the causes stated above.	(He) (did) (did not) vi	ew the body after death.		
	23A. SIGNATURE	10	h ==	23 B. I	DATE SIGNED
	11toan Runne M.	DEGREE Phys.			96 Po.
	23C. PHISICIAN'S NAME (Type) PrANU KAMMEN	M.D. 2	INION WOTERLAL MO	spiral 33rd shu	il
24/	A- BURIAL CREMATION, 24B, DATE 24C, NA REMOVAL (Specify)	ME OF CEMETERT OF CRE	MATORT 24D. LOC		rn, or county) (State)
		altimore		Baltimore,	Md.
25/	TR 1 10 10 M DEPT. E SE NAME OF	A STATE OF THE PARTY OF THE PAR	25C. FUNERAL DIRECTOR		ADDRESS
h	FRIA 1210 TOPEN C. Harpan	750 0 0	On W. Jenkins	x Sons Co.	4905 York Rd.
VS	150-REV. 1/1/68			3815	or, nor did to

Cathedral & Mades Ste

461 15-3

. .

0 -	15			BALTIMORE CITY	HEALTH DEPARTMENT		1910
BIRTH NO.	315 7	0 16	14	CERTIFICA	TE OF DEATH	REG. NO	70 1614
1. NAME OF (Type or Print)		W. Ste	evens		1	ND HOUR OF DEATH	1 / A
3. PLACE IN	BALTIMORE, MA			UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived, Il in	stitution: residence before admissi
FULL NAME HOSPITAL O INSTITUTION	OF (IF NOT R ADDRE:	IN HOSPITAL	OR INSTITU	UTION, GIVE STREET	Maryland C. CITY OR TOWN	NIY	DE CITY LIMITS?
280	02 Guilfor	nd Ave.			Baltimore		YES NO
00					2802 Guilfor	d Ave.	
5. SEX	6- RACE		MARRIED [Z. AFA EW INDEXISED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 h Months Days Haurs Min
IOA, USUAL C	CCUPATION (Give	kind of work 10			11. BIRTHPLACE (State or fore	non country	12. CITIZEN OF WHAT COUN
Retired	Lawyer	en if retired}		Business	Maryland	agn coonly	USA
13. FATHER'S	NAME				14. MOTHER'S MAIDEN NA	ME	
James	E. Stev	'ens			Lilly B. Woo	odall	
5. Was Dece	osed Ever in U. S. nawn) (if yes, give	Armed Forces	of service	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	Total Anna Man	war or unies (o. selvicel	SECURITY NO. 219-30-1566	Nancy E. Ste	vens	Same
18.	5000			CAUSE OF DEATH			APPROXIMATE INTERVA
DISEASE:	as nal mean lhe ure, asthenia, etc camplication whi ANTECEDEN: S OR CONDITI the above co ring Condition GNIFICANT COND EATH BUT NOT RE	L. II means the ich caused de T CAUSES ONS, if any ause (A) si N lost.	e disease, ath.) 7. giving aling the		A CONSEQUENCE OF:	of Esoph	
C DISEASE C	OR CONDITION GI	VEN IN PART 1	(A).	VHICH OPERATION	20A AUTOREY2 (Voc. or Me	1 200 IE Vee Wees	When or consistent
	or oremanon	WAS PERFOR	MED	THE OFENCTION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	ISES OF DEATH?
, OR CONT	IDENT WAS UND RIBUTING CAU offy medical exam	ERLYING SE OF	21 B. home etc.)	e, form, factory, street, offi	ar about 21 C. WHERE DID	(If In Baltimore	City, give exoct lacation)
21D.TIME OF INJUR	Y	ay) (Yearl ()		INJURY OCCURRED Not While At Work	21F. HOW DID INJ	URY OCCUR?	
	tify that (1) (this			1 1 1	57 01/	19ta at in(my) (our) opin	los 19 70
and have	and from the co	uses stated	abave. (1)	(We) (did) (did not) vi	ew the bady after death.	•	
23A. SIGN	ATURE Sol	En	utt	Atten	ding Med.	Staff Phys.	23B, DATE SIGNED
23C.PHYSI NAM	E (Typel	Conith		DEOREE	1261 E. Belve		
4A. BURIAL	Dr. Sol	DATE	24C. N.A	ME of CEMETERY OF CREA			
Burial		2-11-70	Lou	udon Park Cer	metery Bal	timore,	y, town, or county) (State) Md.
	0 1970 T	(Dec & 25)	Walker,	ALOSTRAR	25C. FUNERAL DIRECTOR H. W. Jenkins Baltim	Sons Co pre, Md. 21	4905 York Rd.
S 150-REV. 1	/1/6B						

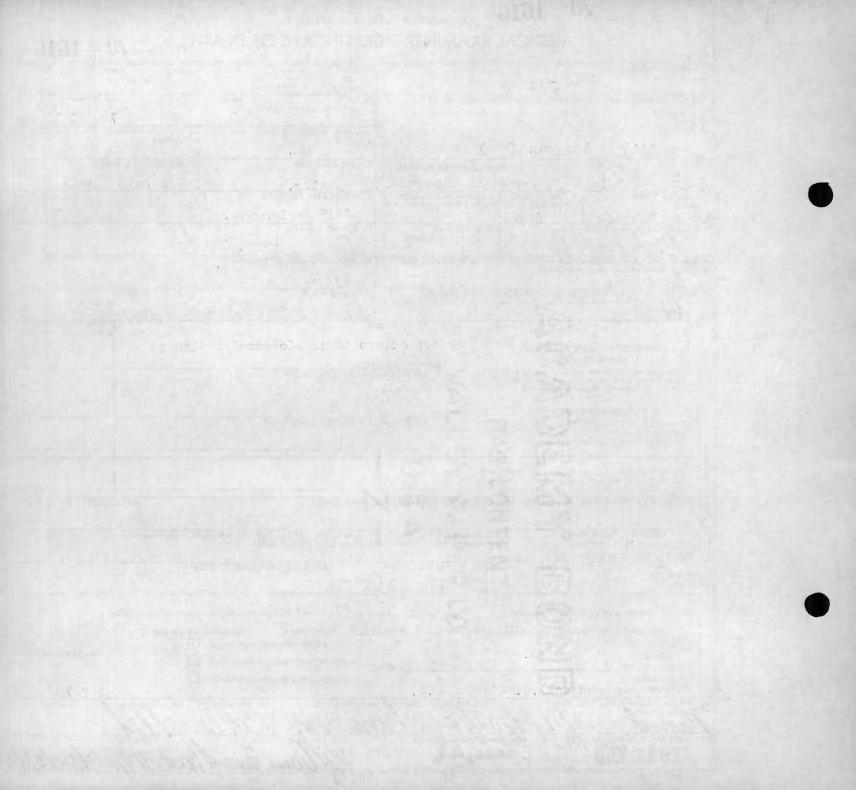
2802 Gulford ave.

1	0 1151 50 404	BALTIMORE CITY	HEALTH DEPARTMENT		70 40.5		
	70 161	CERTIFICA	TE OF DEATH	REG. NO	70 1615		
(Ту	Pe or Printl Agnes Theres			nd hour of death 0. 9, 1970	1 12 A M		
	PLACE IN BALTIMORE, MARYLAND, WHERE P		A. STATE B. COU		nstitution: residence before odmission		
HO	LL NAME OF JIF NOT IN HOSPITAL OR ADDRESS OR LOCATION) STITUTION	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?		
19	Longgreen Nursing	g Home	Baltimore E. STREET AND NUMBER		YES NO		
=	SEX 6. RACE 7		3501 St. Pau				
	F WIDO	WED DIVORCED	8. DATE OF BIRTH 9-28-1887	% AGE (In years last birthday) 82	Il Under 1 Yr. Il Under 24 Hrs. Manihs Days Haurs Min.		
don	USUAL OCCUPATION (Give kind of work 10B, KII e during most of working life, even if refired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country!	12. CITIZEN OF WHAT COUNTRY?		
L		wn Home	Baltimore,	Maryland	U.S.A.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA				
L	Timothy F. Sulliva	an	Mary Girt	У			
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,no or unknawn) (If yes, give war ar dates of ser	vicel SECURITY NO.	17. INFORMANT		ADDRESS		
	No	219-50-9039	Mr. Paul J.	Plunkett 21	15 Cedarcroft Rd.		
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU		und hemory	loge 12days		
1	heart failure, osthenia, etc. It means the dis injury or complication which coused death.)	edse, DUE TO, OR AS	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES	5/21	ast uleartein	. 2	o ande		
	DISEASES OR CONDITIONS, if any,	iving (B) DUE TO, OR AS	DUE TO, OR AS A CONSEQUENCE OF:				
	rise to the above cause (A) stating UNDERLYING CONDITION lost.	the (c) Careler	al vascular,	recufficien	ef 5+2/2		
z			0	24	0		
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING INAL	Influenza		300ks		
CERTIFICATION	1994 DATE OF OPERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? IYes or N	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID	(If In Ballimar	e City, give exact locotion)		
MEDI	21 D. TIME (Manth) (Day) (Year) (Haur) OF INJURY	21E INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?			
<	(APPROX.I	While At Nat While Wark Nat Wark	· 🗆				
	22. I certify that (1) (this hospital) atten-	ed the deceased from	Feb	19 <i>60</i> _ta	Fely 1970		
	that (1) (we) last saw the deceased alive	an Fel	7 19 70 and th		nion death occurred on the date		
	ond haur and from the causes stated aba	ve. (1) (We) (did) (did not) v	few the body ofter deoth.				
	23A. SIGNATURE	Alle	dia = / Nal =	6. "	23B, DATE SIGNED		
	23C.PHYSICIAN'S	COLLECTION DEGREE Phys		Staff Phys.	Feb 10,1970		
	NAME (Type) Dr. Frederic		6100 York Ro	ad	/ / /		
24A	BURIAL CREMATION 24R DATE 12	OEGREE C. NAME of CEMETERY OF CRE					
_	REMOVAL (Specify)	New Cathedral C			ty, town, ar caunty) (State)		
_		ME F REGISTIAR	25C. FUNERAL DIRECTOR	Baltimore,	Md.		
	I EBI O IS/O	77, U'-U)	0 10 vs. 7898	The King of	PBalto., Md. 21212		
VS	150-REV. 1/1/68						

The second secon 1-525 70 1616

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 1616
BIRTH NO.	1010
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
JOSEPH JOHNSON	OF DEATH Estimoted .
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	2 8 70 2:25 P _M .
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
2416 Harlem Ave. (DOA)	A. STATE Md. B. COUNTY
6. SEX 17. RACE 18. MARRIED MAINTENANCE	C. CITY OR TOWN D. INSIDE CITY LIMITS?
6. SEX M 7. RACE 8. MARRIED NEVER MARRIED	b. Noide City diminst
Negro Male WIDOWED DIVORCED	Balto. YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs Months; Doys; Hours; Min.	
1- 11 ((///	2416 Harlem Ave.
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	1 Tan Ixlan to Val.
130/-Air ///	Oames WestColf
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	Alla ta Interiorni
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18/INFORMANT ADDRESS
(Yes, no of ynknown) (Il yes, give wor or doles of service) SECURITY NO.	ADDRESS
No	Legarsinie Convisor 2416 Harlen AVE
19. CAUSE OF DEA	APPROXIMATE INTERVAL
Antoniosal	BETWEEN ONSET AND DEATH
	erotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE	CAUSE
	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
Z (c)	
ĬĔ II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
✓ 22A. EXTERNAL CAUSE WAS UNDERLYING © OR CONTRIB. 22B. PLACE OF INJURY (e.g., offi	In or obout 22C. WHERE DID (If In Boltimore City, give exact location) te bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- home, lorm, foctory, street, offi	te blag., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE -
m. WORK	VORK
23.	
I certify that I held on Inquiry Inspection X A	topsy and that on this basis, death in my opinion
resulted from: Natural causes Accident Suici	
resulted from: Matural causes 124 Accident Suici	
100/- 0	CHIEF MEDICAL EXAMINER
SIGNATURE M.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATUREM.I	
NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DAJE 24C. NAME OF CEMETERY	2-9-70
REMOVAL (Specify)	or CREMATORY 240. 19CATION (City, Town, or sounty) (Stote)
	1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	vag Jame Poller Whit
254 DATE DECID BY HEATTH DEBT. 1000 NAME OF DECIDENCE	m Cem Ballo. Migl
25A. DATE REC'D BY HEALTH DERT: 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
25A. DATE REC'D BY HEALTH DERT: 268 NAME OF REGISTRAR FEB 1 0 1970	m Cem Ballo. Mig.



	D A SALTIMORE CIT	TY HEALTH DEPARTMENT
BIF	X - 2 6 7 RI 1617	ATE OF DEATH REG. NO. 70 1617
	AME OF DECEASED Pe or Print) Edith Rogers	2-DATE AND HOUR OF DEATH 2-7-70 10:30 a.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE 8. COUNTY
H	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland /403 C. CITY OR TOWN D. INSIDE CITY LIMITS?
	2 Provident Hospital Inc.	Baltimore YES K NO [
0	1514 Division Street Baltimore, Maryland	E. STREET AND NUMBER 1407 Fremont Avenue
	Female Negro 7. MARRIED NEVER MARRIED 2	1 1-12-1915 55 Months Doy's Hours
10A	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTR	Y 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Domestic	Virginia U.S.A.
3.	Corrier Wigania	Robonal Smith
5. Ye	Was Deceased Ever in U. S. Armed Forces 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	16	M's Mack 1329 Fremont Avenue
	18. 4 2 5 XI CAUSE OF DEA	
	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE C.	AUSE Congestive Cardie Jailiere
	heort loiture, asthenia, etc. It meons the disease, injury ar camplication which coused deoth.)	S A CONSEQUENCE OF:
	ANTECEDENT CAUSES	andomorethy
	DISEASES OR CONDITIONS, il any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. (C)	AS A CONSEQUENCE/OF
_		
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	rholis liver
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., home, lorm, loclory, street, place)	office bldg., INJURY OCCUR? (II in Boltimore City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?
		2-6-70 19 to 2-7-70 19
	that (I) (we) last saw the deceased alive on 2-7-70	19and that in(my) (our) opinion death accurred an the date
	and haur and from the causes stated obave. (I) (We) (dld) (dld not)	
	23A. SIGNATURE	238, DATE SIGNED
	Degree Pi	Hending Med. Staff 2-7-70
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
0.1	M. JAVAID SHAPI, MI)	1514 Division Street
242	L. BURIAL CREMATION, 24B. DATE 24G, NAME OI CEMETERY OF C	REMATERY 24D. (City/town, 67) caysty) (Stote)
25	DATE REC'D BY HEALTH DERE	1950 SHOUSD AND PROCESSION OF MICH.
-	B10 1970 Obbde E. Jaben 180 () ()	250 FUNERAL DIRECTOR ADDRESS ADDRESS 379 MM MANAGEMENT
75	160.0EV 1/1/60	The state of the s



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

70

Hours

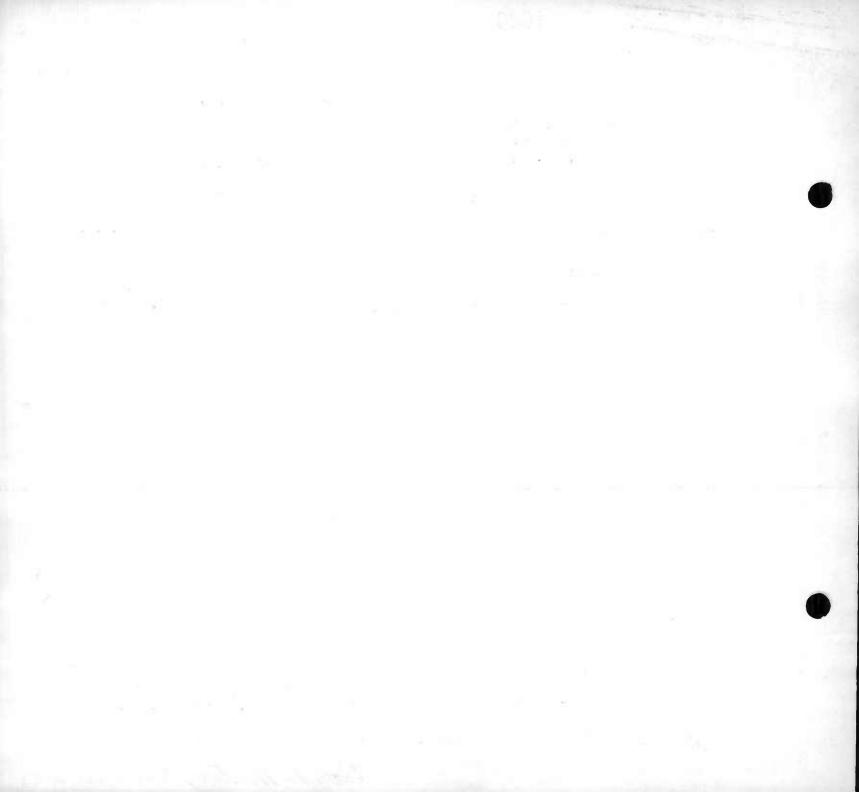
Trans of James

IMPORTANT

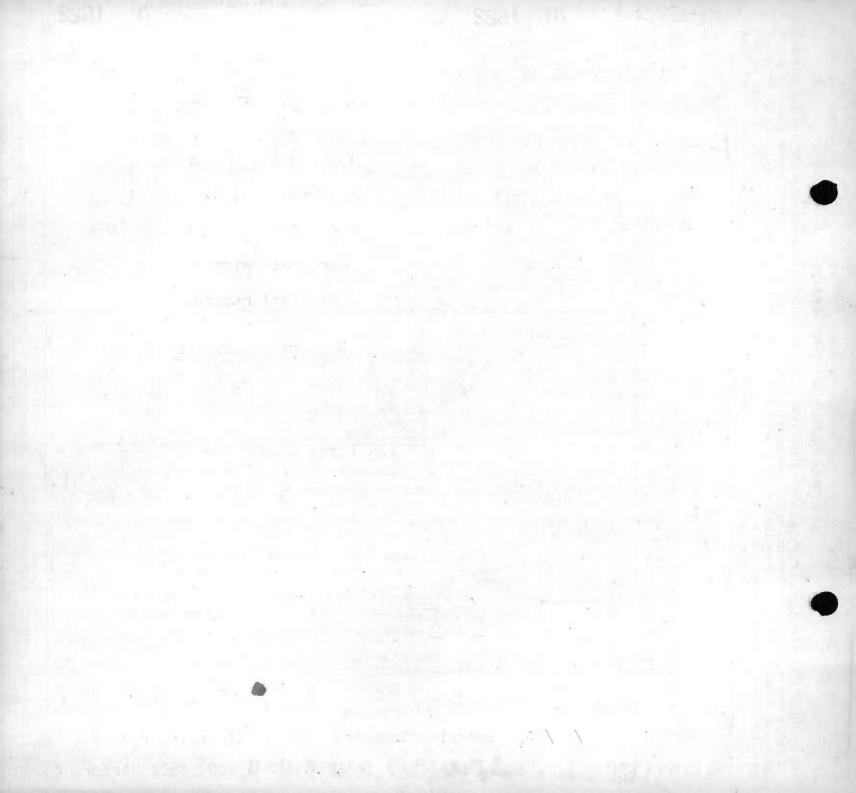
DIRECTOR:

FUNERAL

The state of the s and the state of t



Z-565 70 1621 BALTIMORE CITY HEALTH DEPARTMENT 70 1621
BIRTH NO. 1621 CERTIFICATE OF DEATH X REG. NO. 70 1621
I. NAME OF DECEASED
(Type or Print) GEORGE ZIMMERMAN 2-9-70 15:30 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET A. STATE B. COUNTY B. A. STATE B. COUNTY B. A. STATE B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?
27 / ESSEX YES NO A
Mercy Hospital E. STREET AND NUMBER
and all love call to the
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lift Under 1 1/6. If Under 24 His. Manihas Doys Hours; Min.
WIDOWED DIVORCED //-//-9.3
10A, USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
GUARD MARTINS BALTIMER MY USA
13. FATHER'S NAME
WILLIAM W. ZIMMERMAN CATHERINE Hechtor
15. Was Deceased Ever in U. S. Armed Forcos? 16. SOCIAL 17. INFORMANT
NES LILEA
The state of the s
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (A)IMMEDIATE CAUSE CORES Condent
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,
injury ar camplication which caused death.)
ANTECEDENT CAUSES Teneralised literiosclemis
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
underlying condition last. (c) Scaletes Wellitus
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 190 A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200 A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 201 A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21. A CCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in at about 21. WHERE DID (if in Bultimore City, give exact location)
OR CONTRIBUTING CAUSE OF hame, form, foctory, street, office bldg, INJURY OCCUR?
DEATH (natify medical examined etc.)
OF INJURY OF INJURY While As The New While
While At Not While At Work
22. I certify that (1) (this hospital) attended the deceased fram. 1. 24- 1970 to 2.9.1970
that (1) (we) last saw the deceased alive an 2.8, 19 70 and that in(my) (aur) opinion death accurred an the date
and haur and from the causes stated above, (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED
Attending Med. Staff 2-9.70
23G. PHYSICIAM'S RANDHIR & SINHA 23D. ADDRESS
ma as an Illery Hospital salto, me 21202
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, at county) (State)
BURIAL 2/12/2 WESTERN CEM. BALTO. M.D. 3809/feel (9) &
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
FEB 1 1 1970 Pale & Jabon M.D.O O Cornell Trule Sterio
VS 150-REV. 1/1/6B

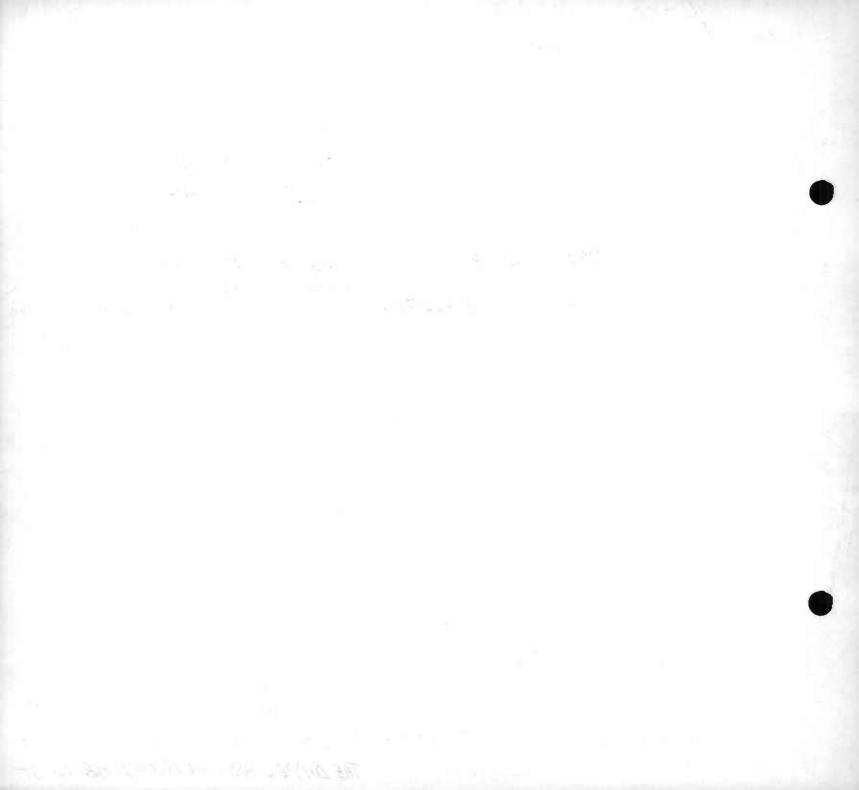


IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

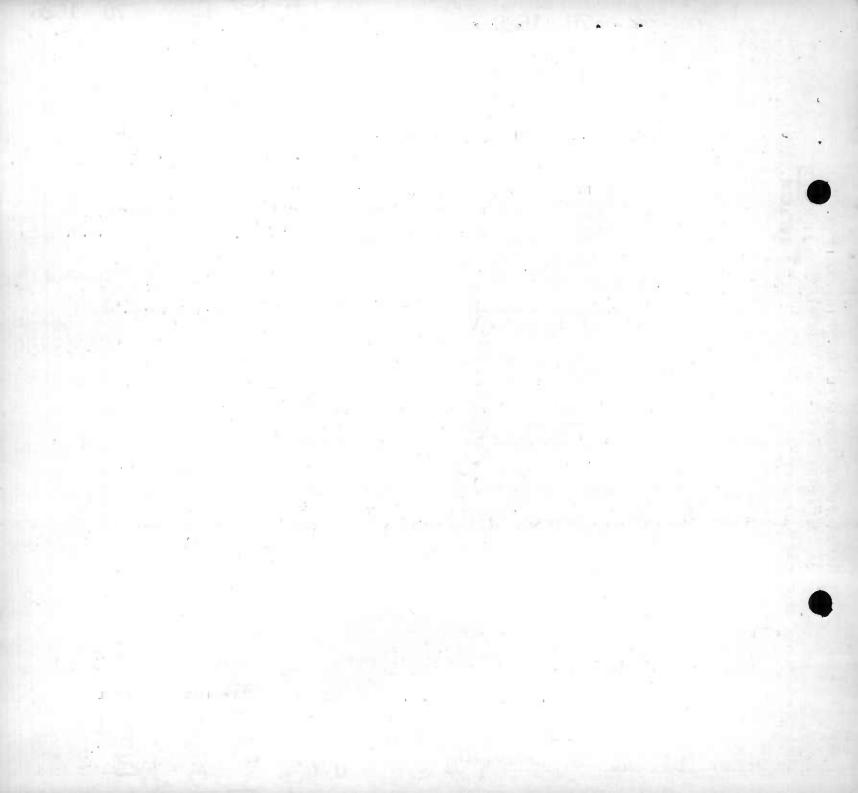


VS 150-REV, 1/1/68

Operation 2-2-70- per telephone conservation with record norms.

4

- X P



H-12:	70	162		HEALTH DEPARTMENT	REG. NO	70	1627
1. NAME OF DE	HOBSON, DOF	ROTHY		2. DATE AL	UARY 8, 19	70 1 1.	2:15PM
3. PLACE IN B	ALTIMORE MARYLAND, W			4. USUAL RESIDENCE (Whe	re deceased lived, If in	stitution; residence t	
FULL NAME OF HOSPITAL OR INSTITUTION	ST. AGNES HOCK	OSPITAL	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN BALT I MORE	BALTO.CO.	IDE CITY LIMITS?	28 <i>53-40</i>
40	BALTIMORE,	MARYLA	AND 21229	611 INGLES I	DE AVE.		
FEMALE	WHITE	WIDOWED		8. DAYE OF BIRTH 02 14 21	9. AGE (In years last bightery)	II Under 1 Yr. Months Doys	Il Under 24 Hrs.
HOUS EW		108, KIND OF	BUSINESS OR INDUSTRY	MARYLAND		U.S.A	
GEORGE	TURNER			ANNA J. (HOER			
15. Was Decess (Yas, no or unknow	ed Ever in U. S. Armed For vnt III yes, give wor or dole	cas? s of sarvice)	16. SOCIAL SECURITY NO. 217 16 7001	ST. AGNES HO	ENS AVES.		
DISEASES nise la I UNDERLYIN	nat mean the mode of a continuous and the mode of a continuous and the course of the continuous and the cont	the disease, death.) ony, giving stating the	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF:	eny.		
TO THE DEA	IFICANT CONDITIONS COI ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OF OPERATION 198 CON- WAS PERF	HE TERMINAL	VHICH OPERATION	20A. AUYOPSY? (Yos or No	208, IF YES, WERE F	FINDINGS CONSIDE	ERED
. OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	218.	PLACE OF INJURY (e.g., in	yES n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?		e City, give exoct loc	otion)
DEATH (noti	[Manth] (Day) (Yeod		INJURY OCCURRED Not White At Work	21F. HOW DID INJ	URY OCCUR?		
that (){ (we	y that (1) (this hospital a) lost sow the decease	d olive on	FEBRUARY 8	19 <u>70</u> ond th	19 <u>70 to FEB</u> ot in(my) (our) opir	RUARY 8	1970_ ed on the date
ond hour or	nd from the couses stat	ed above. (1)	(We) (did) (did) (eW)	lew the body ofter deoth.			
23A. SIGNAY	icha Boon	newen	Dhu	nding Med.	Staff Phys.	2/08/70	
	21CHA BOOK	BOONSWA	NG MD DEGREE	CATON & WILKEI		ALTO.MD.	21229
BURIAL CR	EMATION, 24B. DATE (Specify) 2 /11/7	24C. NA	ME OF CEMEYERY OF CRE			y, town, or county)	(State) Md
25A. DAYE REC	D BY HEALTH DEPT.	258 NAME	F REGISTIAR	25G. FUNERAL DIRECTOR		Couck Ro	ESS

COMP. C. MING SCHOOL SQ. ST. T. DELTA . TE DI A TENT STREET AND TO STREET STREET STREET STREET STREET

7-632 70 1628 BALTIMORE CITY HEALTH DEPARTMENT							
CEDTIFICATE OF DEATH REG. NO.	0_1628						
I NAME OF DECEMEN							
(Type or Print ANDLEW JOSEPH FRITZ. 2. DATE AND HOUR OF DEATH	. 11 115 1						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where Deceased lived, If institution A. STATE B. COUNTY	m residence before admission)						
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR JOWN D. INSIDE CITY	2402						
SOUTH RALTIMORE GENERAL DAILIMOKE YES							
43 HOSPITAL.	16 Alos.						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years list birthdox) Month	nder 1 Yr Il Under 24 His.						
The state of the s	ITIZEN OF WHAT COUNTRY?						
Nort Estats Course Ma.							
13. FATHER'S NAME							
JEILE.							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dotes of service) 16. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS						
	WE						
18. 1 2 4 CAUSE OF DEATH	APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE Lea at four twe free menon	-e						
heart failure, ashenia, etc. Il means the disease.	***************************************						
injury or camplication which caused death.)							
ANTECEDENT CAUSES (B) Conditions the conditions and entered to condit	1						
DISEASES OR CONDITIONS, if any, giving inse to the above cause IA) stating the UNDERLYING CONDITION last.							
COMPLETING CONDITION last, (C)							
O OTHER SIGNIFICANT CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED						
	F DEATH?						
OR CONTRIBUTING CAUSE OF Cause	live exact location)						
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
(APPROX.) While At Not While C							
22. I certify that (I) (this hospital) attended the deceased fram 1/9/70 19 ta 2/8	19) 0						
that (1) (we) last saw the deceased alive an 2/8 1970 and that in (my) (aur) apinion dec	······································						
and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death.							
23A. SIGNATURE 23B. DA	ATE SIGNED						
Aftending Med. Stoff 2/	E/70.						
23G. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
24A. BURIAL CREMATION 1248 DATE DIG NAME COMMITTEE	STREET.						
REMOVAL (Specify)	or county) (State)						
25A, DATE REC'D BY HEALTH DEPT - 1268 NAME OF REGISTRAR 25C, FUNERAL DIRECTOR	ADDRESS						
VS 150-REV. 1/1/68	E tokiles						



the state of the s

22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (Il in Boltimore City, give exact location) home, form, foctory, street, office bidg., etc.) INJURY OCCUR?

Homicide

22F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

24D. LOCATION

ASSISTANT MEDICAL EXAMINER

Deputy Chief Medical Examiner

25. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

and that an this basis, death in my apinian

Undetermined manner

21. AUTOPSY? (Yes or No)

DATE SIGNED

(Stote)

2/3/70

(City, town, or county)

ADDRESS

no

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL

I certify that I held on Inquiry

248. DATE

resulted from: Natural causes

NAME (Type) Werner U.

20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Spitz

22E. INJURY OCCURRED

Inspection X

NOT WHILE

Autopsy

AT WORK

Suicide

M.D.

24C. NAME of CEMETERY or CREMATORY

WHILE AT

Accident

M.D.

250 NAME OF REGISTRAR

WORK

(Yeor)

DISEASE OR CONDITION GIVEN IN PART 1 (A).

EXTERNAL CAUSE WAS

UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

22D. TIME (Month) (Doy)
OF INJURY

CERTIFI

(APPROX.)

ACTUAL

24A. BURIAL CREMATION.

REMOVAL (Specify)

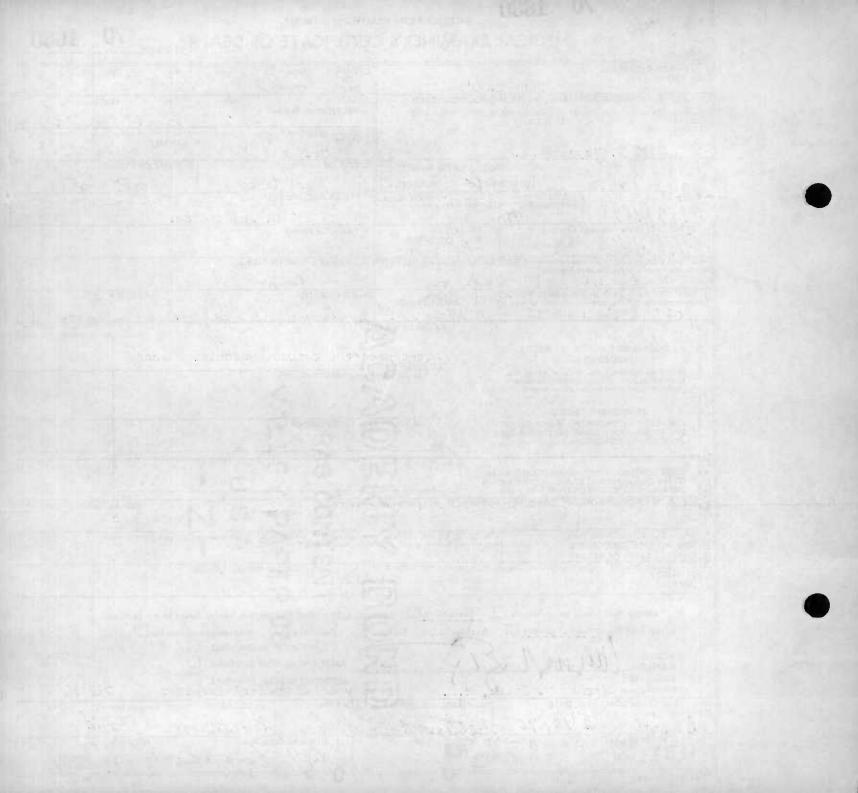
VS 151-REV. 1/1/68

SIGNATURE.

EXAMINER'S

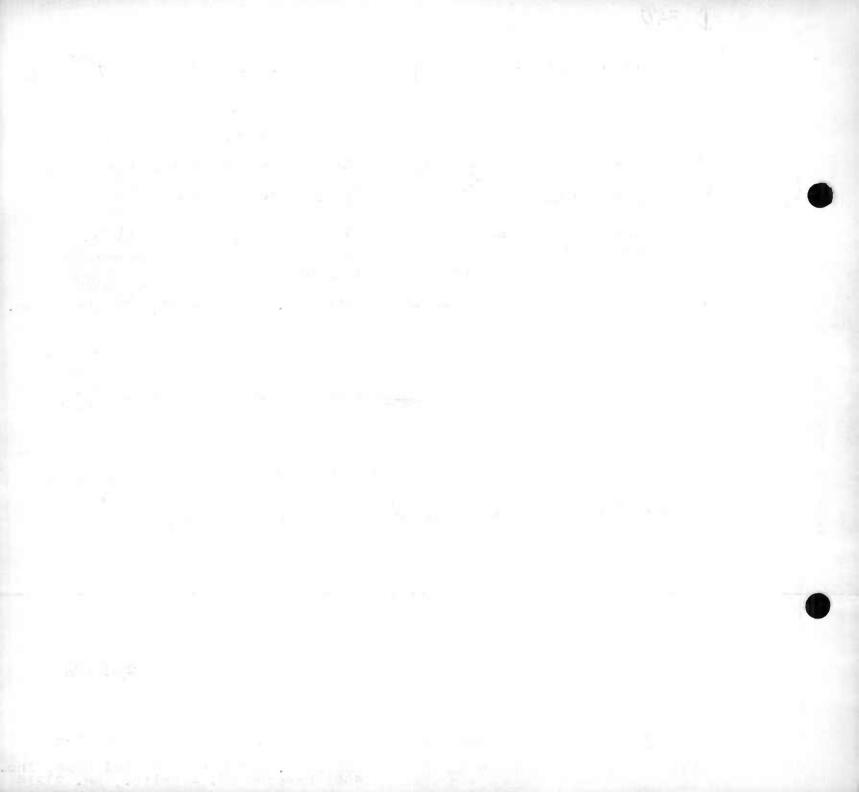
25A. DATE REC'D BY HEALTH DEPT

23.

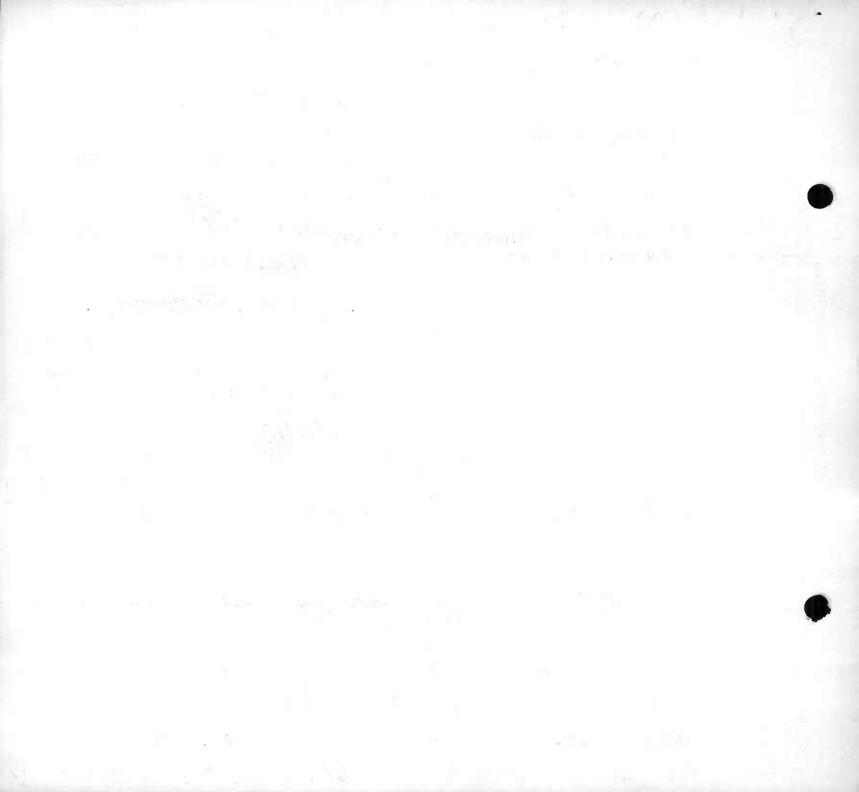


V\$ 150-REV. 1/1/68

FUNERAL



VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

The state of the s

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

The state of the s For a continuous some production of

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

TIME

A SA A CONTRACTOR OF THE PROPERTY AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESS

a de Regionales de la compansión de la comp

al II - putter a grant put a grant con

0-64/ 70 16	37	Y HEALTH DEPARTMENT	BSC NO	70 1637
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEASED Sadye S. O. R.L.	OVE	2. DATE AN	D HOUR OF DEATH	1 9 10 2
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e doceosed lived, Il institution	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ESTITUTION, GIVE STREET	IN SINIE	alto	2720
LEVINDALE HEBREW HO	ME & INF.	Baltimor	D. INSIDE CITY	
91		E. STREET AND NUMBER	3600 LABYRINTH	POAD
5. SEX 6. RACE 7. MARK	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		der 1 Yr. If Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work 108, KIN)		11. BIRTHPLACE (Stote or forei		TIZEN OF WHAT COUNTRY
	HOME	Baltimo	re, Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
ADOLPH SILBIGER		ELIZ KLEIN		
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yas, give war or datas of servi	ce) 16. SOCIAL	17. INFORMANT		ADDRESS
NO	216-32-7742	MR. STANLEY J.	ORLOVE, 8309 BU	RNINGWOOD ROAD
18. 412,41	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		D /	•	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the made of dying,	(A) IMMEDIATE CAL			
heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	ase, DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	ASC	VD + Dark	sinson's Do	40000
DISEASES OR CONDITIONS, if any, giv	(B) DUE TO, OR AS	A CONSEQUENCE OF:	11130N > BO	(Lav)
nise to the above couse (A) stoling UNDERLYING CONDITION lost.	the	4		
11	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL	*********************************		***************************************
198 CONDITION 198 CONDITION FORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IP YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimore City, g	ive exect location)
	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX.)	While At Not While Work At Work			
22. I certify that (I) (this hospital) attended		6 12 =	965 to Z-0	1970
that (1) (we) last sow the deceased alive		^	t in (my) (our) opinion de	
and hour and from the causes stated above			- in the fact of the second of	50001104 011 1116 0010
23A. SIGNATURE		,,	238, DA	TE SIGNED
TO BHYSICIANIS	DE OREE Phys			9-70
23C. PHYSICIAN'S NAME (Type) TOSE ARDAIZ		7 OBERLIN	ct. Towso.	N. Md.
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, town,	or county) (Stole)
Dungi.	ETH TFILOH	BALT	IMORE, MARYLAND	
	AE OF REGISTRAR			
FFR11 OM PREESOR	ENO O S	I SOO LEYINGON	BROS.,6010 RE1	SIEKSTUWN KUAU

VS 150-REV. 1/1/6B

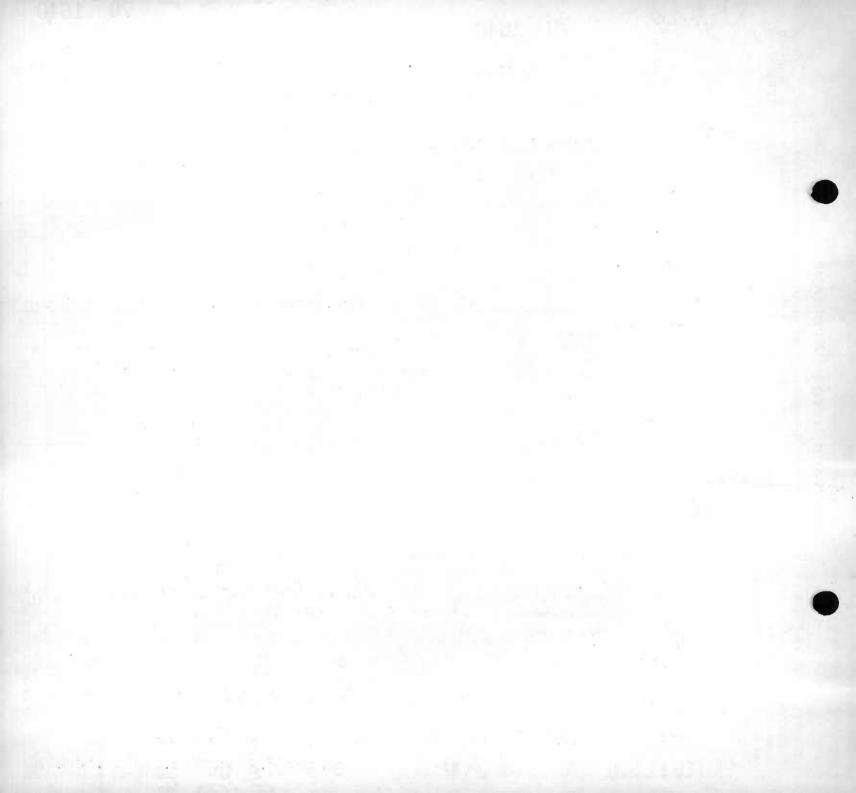


	BALTIMORE	CITY HEALTH DEPARTMENT							
	Sikili 140,	CATE OF DEATH REG. No. 70 1639							
	I. NAME OF DECEASED	2 DATE AND HOUR OF DEATH							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)							
	STEACE IN SACIMORE MARIEAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. BALTO. CITY 2047							
	I INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
	ILS PUBLIC HEALTH SERVICE HOSPITAL	BALTIMORE YES NO							
) V	E. STREET AND NUMBER							
90	_ & /	3804 OLD. FREDERICE RD. 21229							
made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED								
15	11 a/e Vegraid WIDOWED DIVORCED	1 8-25-06 69							
c	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or lareign country) 12. CITIZEN OF WHAT COUNTRY?							
OSITIO	LABORER - RET. BETHLEHEM STE	EL VIRGINIA USA							
S	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
0.	CHAPLES HACKET	ELSIE PAGE							
20	CHARLES HACKETT 15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give war or dates of service) \$ECUBITY NO.	17. INFORMANT BLY HACKETT ADDRESS							
B									
=	YES US ARMY 1942-46 216-10-94								
5	18. 5 / 9. 20 1 CAUSE OF D	EATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	25-5-10-11-5-11-11-11-11-11-11-11-11-11-11-11-1							
	(This does not meen the mode of dving en (A)IMMEDIATE	CAUSE RESPIRATORY FAILURE 2 DAYS							
3	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	heart failure, asthenia, etc. It means the disease,							
	DISEASES OR CONDITIONS, if any, giving DUE TO, O	RAS A CONSEQUENCE OF:							
5	rise to the obove cause (A) stating the	A AS A CONSEQUENCE OF:							
2	UNDERLYING CONDITION lost. (C)								
	z II								
6	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	1004							
	WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 1218.PLACE OF INTURY (A)	Bogs in or obout 21 Cs WHERE DID (It in Reliment City, give event location)							
5		the office bldg. INJURY OCCUR?							
3	21D. TIME (Month) (Day) (Year) (Hour 21E INJURY OCCURRED								
	I W I OF IN HIDY								
,	(APPROX.) Work Not	While 🔲							
	22. I certify that (#) (this hospital) attended the deceased fram								
	that (1) (we) last saw the deceased alive on FEB - 8	19 70 and that in(my) (aur) opinion death accurred on the date							
	and hour and from the causes stated above. (We) (dld) (dld ne								
5	23A/S GNATURE	23B, DATE SIGNED /							
	a Variano N MASSa M.O.	Attending Med. Shaff No.							
3	23C. PHYSICIAN'S NAME (Typo)	Phys. Director Phys. 2/8/70							
2									
1	TRVING D- WOLFE, M.D. DEGREE US PUBLIC HEALTH SERVICE HOSP.								
	REMOVAL (Specify) 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (Stole)								
0	BURIAL 2/10/10 BALTO. NAT'L. CEM. BALTO. OND.								
	25A. DATE SEC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR V. R. BAILEY ADDRESS							
	LEATTING ASSESSED ASSESSED	KALSON 4. 14 1348 N. CALHOUN ST.							
110	VS 150-REV. 1/1/68								



DIRECTOR:

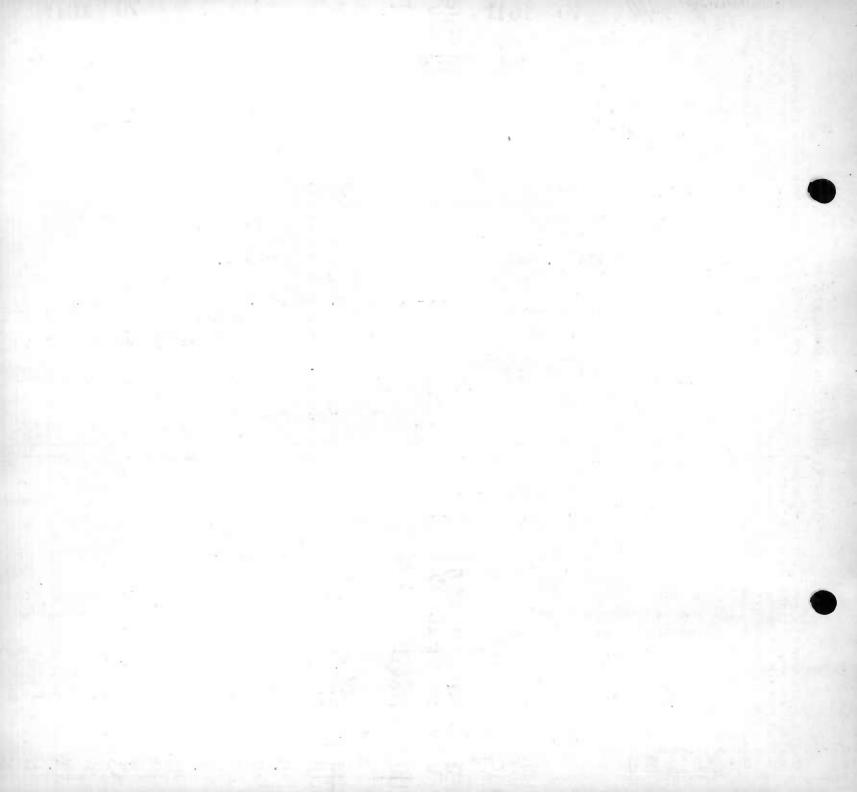
FUNERAL



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B



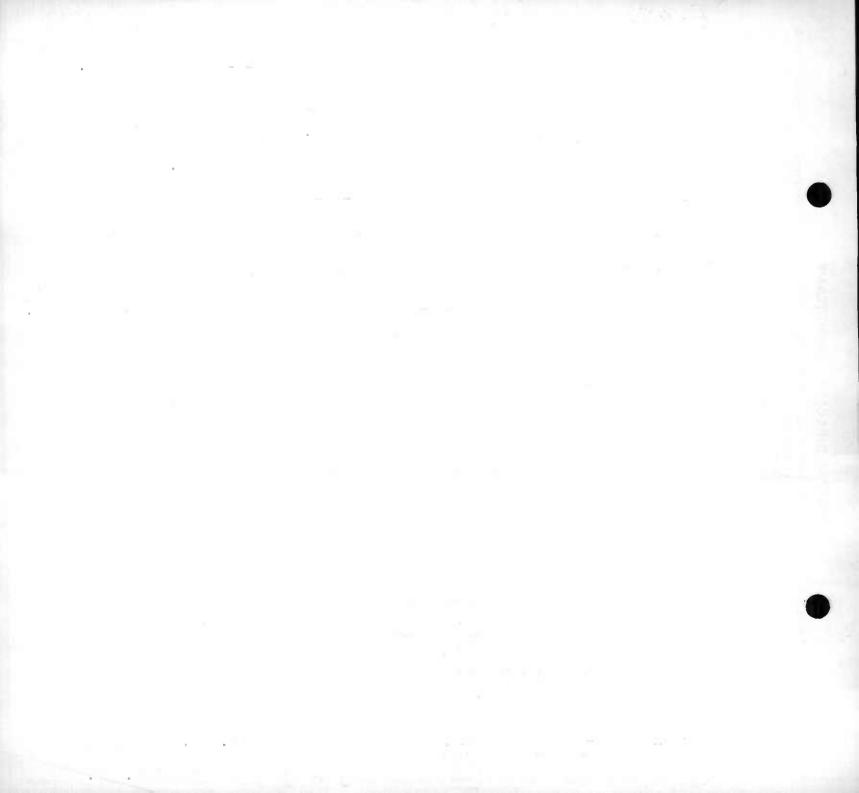
FUNERAL DIRECTOR: IMPORTANT

1/	7. 1/17	BALTIMORE CITY	HEALTH DEPARTMENT					
	70 1642 rih no.	CERTIFICA	TE OF DEATH	REG. NO.	70_1642			
	NAME OF DECEASED Edward C	ullum	2. DATE AND	HOUR OF DEATH	540			
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU		A. STATE B. COUNTY	deceased lived. If instituti	an: residence before admission)			
II H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	C, CLTY OR TOWN	D. INSIDE C	2 /7 / /7			
10	2 . 11 = 1 1 1 2	1-1- 7	Balto		M NO □			
3	rua Hospital of Da	cto.tuc	Belvedore	Ave. at 61	eens princ			
	WIDOWED	DIVORCED	1/26/04 05	66 XDGCXXX	Under 1 Yr. If Under 24 Hrs. nihs Days Hours Min.			
do	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign	country) 12.	CITIZEN OF WHAT COUNTRY?			
100	etired Bar Tender		Maryland		U.S.A.			
13,	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
-	Frederick L Cullum		Ida M Taylor					
(Ye	Wes Decreased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war at doles of service) NO	6. SOCIAL SECURITY NO. 218-18-6771	Mr Margaret E C	12 771 22m	ADDRESS			
1	18.0 50.91	CAUSE OF DEATH		WITTON!	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY		Aluer 1:0	ナルノナン	BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (CAUSE OF CONSEQUENCE OF CONSEQUEN							
1	Unis does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.							
	ANTECEDENT CAUSES	A5C	UV.		i			
Н	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************			
	rise to the above couse (Al stating the UNDERLYING CONDITION lost	(c) Drase	le Melliti	5	8 years			
	11	\(\frac{\(\circ\)}{\(\circ\)}	^ 4					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Acul	Pulmonar	z edemo				
CERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WE WAS PERFORMED	IICH OPERATION	20A. AUTOPSY? (Yes or No)	OR IF YES, WERE FINDING CAUSES	IGS CONSIDERED OF DEATH?			
정	21A. ACCIDENT WAS UNDERLYING 21B. P OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.)	LACE OF INJURY (e.g., in form, foctory, street, affi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Baltimare City,	give exact location)			
MEDI	21D-TIME (Month) (Doy) (Year) (Haur) 21E II (APPROX.) While	At Work	215. HOW DID INJURY	OCCUR?				
	22. I certify that (I) (this hospital) attended the		////	1010_2/	1970			
	that (i) (we) last saw the deceased alive an	n (my) (our) apinian						
	and haur and fram the causes stated abaye. (1)	d haur and from the causes stated above. (1) (did) (did not) view the bady after death.						
23A, SIGNATURE Plant Attending Med. Staff 2/5								
	23C. PHYSICIANS NAME (Typel Carlos R. Pere	L MD. 2	Belveolere A	re. at Gre	eusprine,			
24/	BURIAL CREMATION, 24B. DATE 24C.NAN REMOVAL (Specify)	TE of CEMETERY OF CREA	MATORY 24D. LOCA	ITION (City, tow	n, or county) (State)			
		loodlawn	Bal	timore, Mary	land			
25/	EBIL 970 PORTS E WANTED		25C. FUNERAL DIRECTOR		ADDRESS			
VS	150-REV. 1/1/68	UUU	Bonard J Ruck	Inc. Baltimo	re, Maryland			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
--	--

T 11	60 00	1010	BALTIMORE CITY	HEALTH DEPARTMEN	Г	PIO 4040
BIRTH NO	20 70	1643	CERTIFICA	TE OF DEATH	REG. NO	70 1643
I. NAME OF DE	ECEASED			2. DATI	AND HOUR OF DEATH	
(Type or Print)		LS ELLIS			2-7-70	10.55 AM
3. PLACE IN B.	ALTIMORE MARYLAND	, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in	nstitution: residence before admission
FULL NAME O	F OF NOT IN HO	SPITAL OR INSTITUTI	ON, GIVE STREET	Maryland		2747
HOSPITAL OR	ADDRESS OF FO	DCATION		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
27	MERCY HOS	PITAL		Balto.		YES NO
0/						
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	2924 Chris	9. AGE (In years	II Under 1 Yo . II Under 24 H
F	W	WIDOWED [7]	DIVORCED	12-25-1895	lost birthdoy)	Il Under 1 Ye II Under 24 H Months Doys Hours Min.
OA. USUAL OC	CUPATION (Give kind of	work 10B, KIND OF BU		11. BIRTHPLACE (State of	loreign country)	12. CITIZEN OF WHAT COUNT
done during most of Housew	ol working life, even if retire i i f	ed!		Maryland		USA
3. FATHER'S N				14. MOTHER'S MAIDEN	NAME	USA
Damaaad	Ma Odmoda					
5. Wos Decease	Mc Ginnit	Forces? 11.6	- SOCIAL	Mary O'K	eelle	ADDRESS
	vn) Ilf yes, give wor or o	dotes of service)	SECURITY NO.			21214
No 118.		2	7-48-7599	Mr Lewis D	Ellis 6600	
10			CAUSE OF DEAT	/	1	BETWEEN ONSET AND DEA
DISE	ASE OR CONDITION LEADING TO DEAT			Parl		10
(This does	not mean the made	of dving, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	10 fraum	10
heart failure	a, asthenio, etc. It med amplication which cour	ans the disease,	DUE 10, OR AS	A CONSEQUENCE OF:	1	
infoly of Co			6-10-	ula la .	(11.	, _
DICEACEA	ANTECEDENT CAUS		(B) VW	weens	1 her	2
rise lo l	OR CONDITIONS, in the above cause (il any, giving A) stating the	DUE 10, OR AS	A CONSEQUENCE OF:	Dice	10
UNDERLYIN	NG CONDITION lost		(c) / N 97	used ale	er of un	ne
7	11		11/4	1	. 60	
OTHER SIGN TO THE DEA DISEASE OR	IFICANT CONDITIONS (CONTRIBUTING O THE TERMINAL	Har	Mulon	's diseas	20
	CONDITION GIVEN IN I	PART 1 (A).	CH CARRATION	120A ALIZOROVA (V.	Nall 20R ut was	
19A. DATE O	OF OPERATION 198. C	PERFORMED	CH OPERATION	20A- AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
21A. ACCID	ENT WAS UNDERLYING BUTING CAUSE OF	3 21 B. PL.	ACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	D (If In Boltimor	re City, give exect location)
▼ IDEATH (noting)	BUTING CAUSE OF	home,	form, foctory, street, of	fice bldg., INJURY OCCU	?	o only give ones, to contain
	(Month) (Doy) (Ye	oi) (Hous) 21 E IN	JURY OCCURRED	21E HOW DID	INJURY OCCUR?	
OF INJURY		White			MIJORI OCCOR:	
		Work	AI WOIK			
22. I certif	y that (1) (this hospi	ital) attended the	deceased from	1-16		nion death occurred on the de
that (i) (we) last sow the dece	ased alive an	1-1	19/and	that in (my) (our) opi	nion deoth occurred on the de
and hour a	nd from the causes s	stated abave. (1)	(did) (did no!) v	lew the bady after dea	th.	
23A. SIGNAT	URE	1)1	1/11.			238, DATE SIGNED
////	amolo	Nilles	DEGREE Phys	nding Med.	Staff Phys.	2-1-10
ESC. HYSIC	IAN'S	ALGO L	DEGNEE	3D. ADDRESS		70
MA	NUELAN	1. RIBEL	RO, M.D			
4A. BURIAL CE	REMATION, 248, DATE	24C.NAM	E OI CEMETERY OF CRE	MATORY 241	LOCATION ICI	ily, town, or county) [State)
Burial	(Specily) 2-11-	70 Par	rkwood		Balto. Md.	•
25A; DATE REC	D BY HEALTH DEPT		HGISTRAR	25C. FUNERAL DIREC		ADDRESS
FFR11	1971 Pale 6	El Jackery	£0, 0		Ruck Inc Ba	
/S 150-REV. 1/1	1/68		19	Umahridi a .	wher THE BE	aluo. Mu.



23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 2/10/

25A. DATE REC'D BY HEALTH, DEPT.

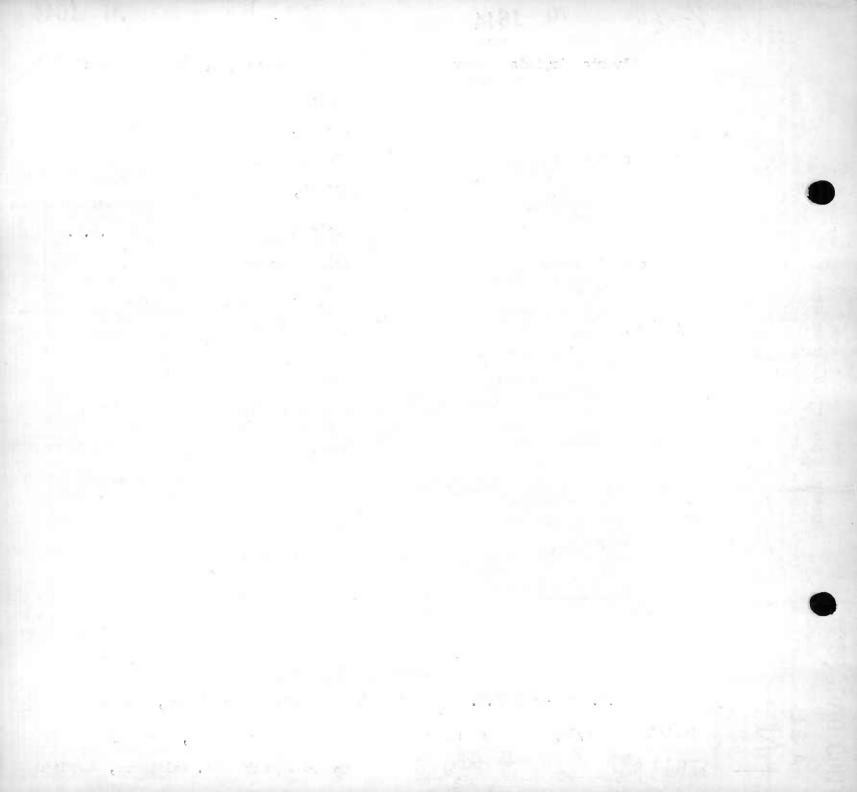
Such

to death.

a hospital and

11 21 A	חלי	BALTIMORE CITY	HEALTH DEPARTMENT		70 1644
BIRTH NO.	10	1644 CERTIFICA	TE OF DEATH	REG. NO	70 1044
I. NAME OF DECEA	SED		2. DATE AND	HOUR OF DEATH	
Type or Print)	lverta Virg	inia Potter	Februar	ry 8,1970	1 5:75 A
		WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: rasidence before admission
ULL NAME OF	HE NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	Maryland		2716
OSPITAL OR	ADDRESS OR LOC	ATION)	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
			Baltimore		YES NO
00			Baltimore E. STREET AND NUMBER		
	amilton Ave		2818 Hamilton /	Ave	
SEX 6	RACE	7. MARRIED NEVER MARRIED		AGE (In years sl birthdoy)	If Under 1 Yr. , If Under 24 His Months: Days Haus: Min.
Female	White	WIDOWED DIVORCED	April 21,1914	55	
	ATION (Give kind of war	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTR
Housewif			Maryland		U.S.A.
3. FATHER'S NAM			14. MOTHER'S MAIDEN NAME		U O O AR O
Thom	as E Street		Mollie Briscoe		
. Was Deceased E	ver in U. S. Armed Fo		17. INFORMANT		ADDRESS
No No	If yes, give war ar date	es of service) SECURITY NO.	Mr Henry C Poti	ter S	Same
(This daes not heart failure, a injury ar campl	EADING TO DEATH mean the made of sthenia, etc. It means ication which caused NTECEDENT CAUSES	s the disease, death.)	A CONSEQUENCE OF:	7	7 9 44
rise to the	CONDITIONS, if abave cause (A) CONDITION last.	211/7 3111119	A CONSEQUENCE OF:		-
TO THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO T NOTION GIVEN IN PAI	HE TERMINAL			
19A. DATE OF C		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIR	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT OR CONTRIBUTE DEATH (notily in	WAS UNDERLYING	218. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or about 21C. WHERE DID INJURY OCCUR?	(tl In Baltimore	City, give exact location)
	Manth) (Doy) (Year)	(Houi) 21E. INJURY OCCURRED While At Not While At Work Not While At Work	21 F. HOW DID INJUI	RY OCCUR?	
that (I) (we) 1	ost saw the decease	ed office on 1-107		In(my) (our) opini	on death occurred on the do
23A, SIGNATUR		ted obove. (1) (We) (did) (did nat) v	rew the body offer deoth.		23 B. DATE SIGNED
1	Killing	It mD AHO	ending Med. St	vaff [7.100 /-

179 Director L 23D. ADDRESS G.J. Sawyer Jr M.D. Harford Rd Baltimore Maryland 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION Louden Park Baltimore, Maryland 25C. FUNERAL DIRECTOR Inc. Baltimore, Maryland



Carrisona de Brothe June - Medastatic Josions Distrikes, Azakuma Diobohes Arehoung I'm ON LESSTERING OF 11/1 or als on als no x/3/5 an aller Burfold JOHNEY D. Maill mes Johns Hopkins Hospital

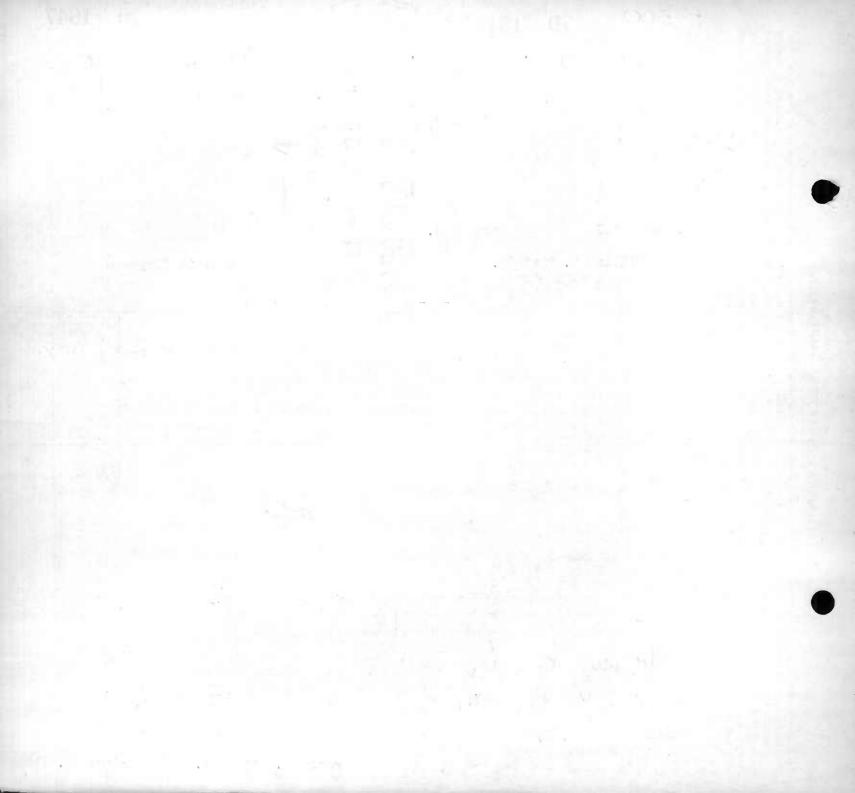
Martine, and the last that I make the company of the contract of the contract

IMPORTANT **DIRECTOR:** FUNERAL

D. INSIDE CITY LIMITS? NO If Under 1 Yr. Months! Doys If Under 24 Hrs. 12, CITIZEN OF WHAT COUNTRY AMERICAN ADDRESS 196 Kingston Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) ond that in (my) ((our)) opinion death occurred on the date 23B, DATE SIGNED ADDRESS

BURGAT ALSTON FARTHER of CENTRAL PROPERTY. THE ENGLISH STORY OF THE LANGE JOHN STEELS

FUNERAL DIRECTOR:



DIRECTOR:

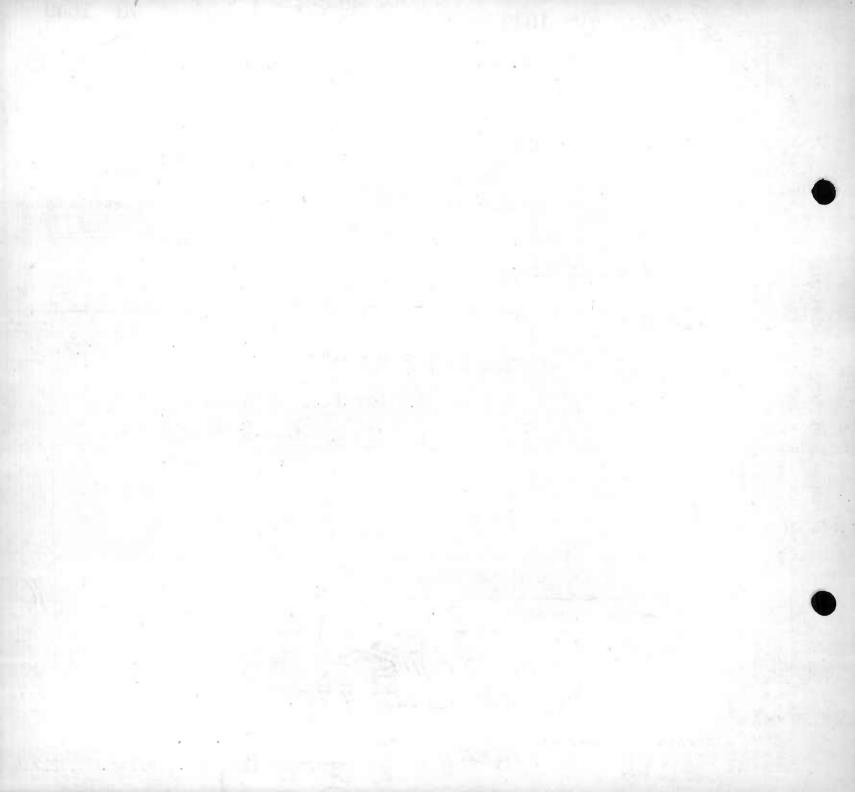
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Lloy A. Leglor

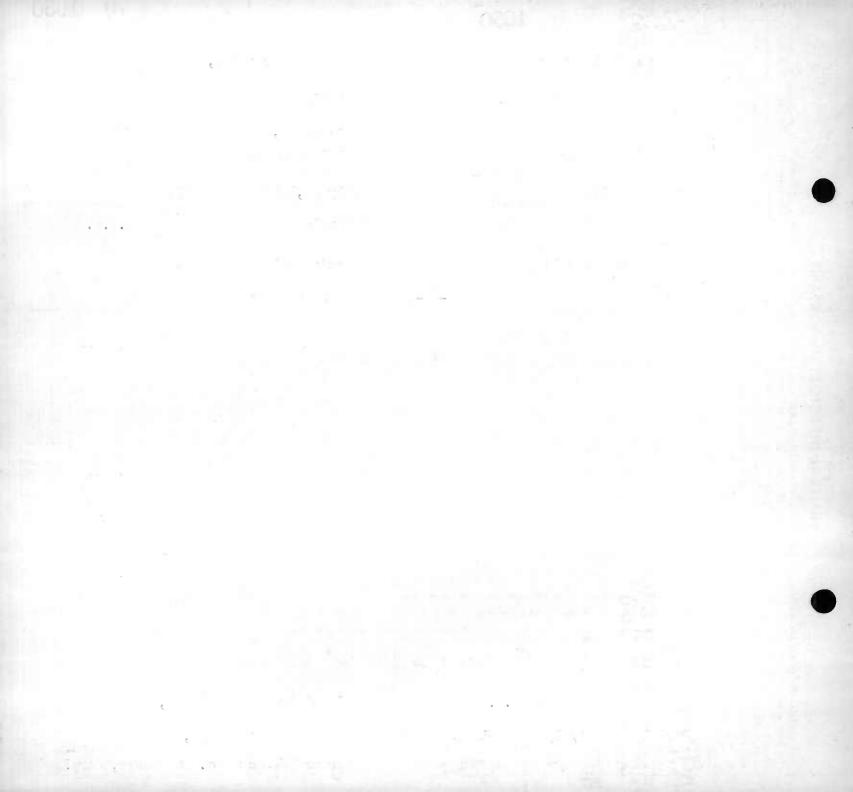
DIRECTOR:

FUNERAL

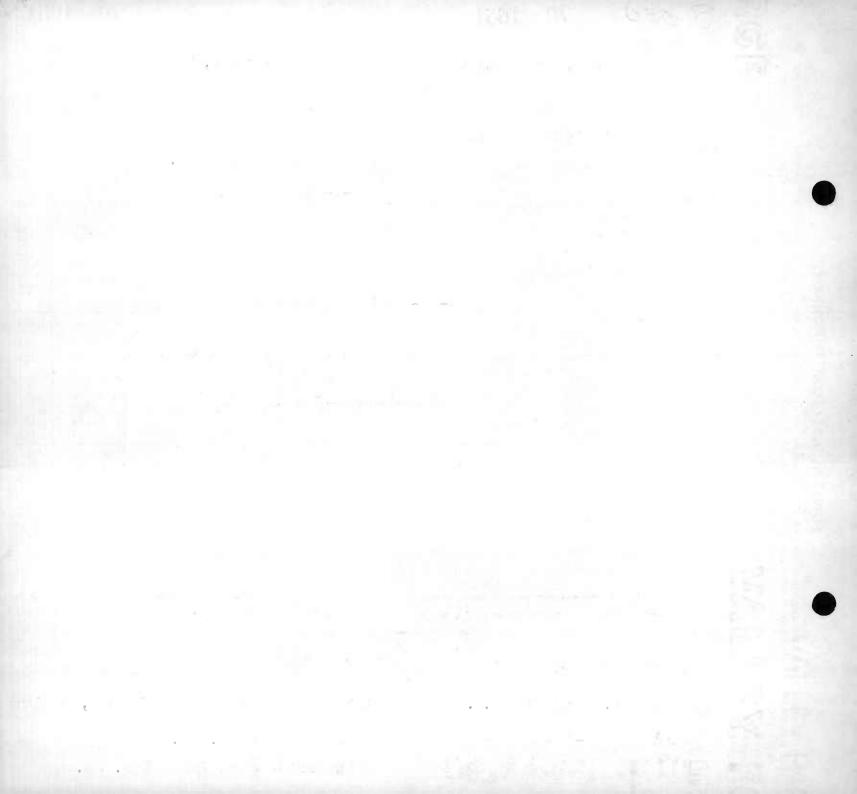


FUNERAL DIRECTOR:

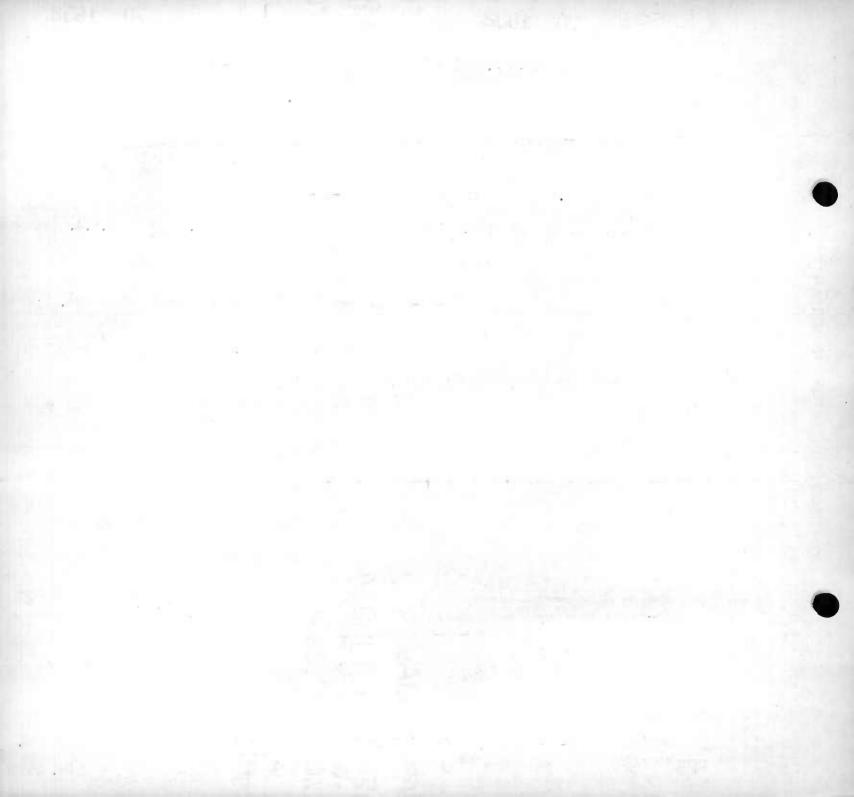
VS 150-REV. 1/1/68



0 =:	30 70	105	BALTIMORE CITY	HEALTH DEPARTMENT		70 1651
5-53	10	1651	CERTIFICA	TE OF DEATH	REG. NO	1001
NAME OF DE	CEASED				ND HOUR OF DEATH	
Type or Print)						
	Margaret	Schmi	.tt		uary 7, 1970	М.
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	A. STATE 8. COU	NTY	stitution; residence before admission)
FULL NAME O HOSPITAL OR	F (IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
71	Gould Conva	alesari	.um	Baltimore E. STREET AND NUMBER		YES NO
10				Cedar	hurst Rd.	
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
F	W	WIDOWED		9-8-1878	91	With the state of
	CUPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	of working life, even if retired)			Maryland		IIC A
Never				14. MOTHER'S MAIDEN NA	A A A E	USA
P PAINER 3 IN	Alvie			14. MOTHER S MAIDEN N	AME	
Sebas	tian Schmitt	;		Elizab	eth Zech	
. Wos Deceos	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	and yes, give war ar are	0. 30.11.00		Mrs Anthony	I Boglin 2	506 Ailas Ava
18. 44.	10 10 1		CAUSE OF DEAT		o pogria)	506 Ailsa Ave
	017		CAUSE OF BEAT			BETWEEN ONSET AND DEATH
DISE	ASE OF CONDITION DIE LEADING TO DEATH	RECTLY				
(This does		duing on	(A) IMMEDIATE CAL	SE Coman	54 Qulin	A
	nal meon the mode of e, asthenia, etc. Il means		DUE TO, OR AS	A CONSEQUENCE OF:		
injury or co	amplication which coused	deoth.)				
	ANTECEDENT CAUSES		a OT.	200 5	UTD	
DISEASES	OR CONDITIONS, if	ony, aivina	DUE TO, OR AS	A CONSEQUENCE OF:		
rise la	the abave cause (A)					
UNDERLYII	NG CONDITION last.		(c)			
	11					
	IFICANT CONDITIONS CO					
DISEASE OR	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR					
	OF OPERATION 198. CON WAS PERI	DITION FOR V	HICH OPERATION	20 A. AUTOPSY? (Yes or h	10 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING		PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
	BUTING CAUSE OF ify medical examiner	hometc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?		
)						
21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX.)		Whi	le At Work	e 🗌		
22 1	f al. x (1) /al. = 1, = =				10/5 Fil	5. 7 1970
ZZ. I certi	fy that (I) (this hespital	7 attended th	e deceosed from	······································	1960 to Fet	
that (1)	e) last saw the decease	d alive an	tub Y	19. 19. and t	hat in (my) (out) api	nian death accurred on the date
and haur a	and fram the causes stat	ed above. (1)) (We) (did) (did +6) v	iew the body after death		
23A. SIGNA	TURE					238. DATE SIGNED
011		2 3	Atte	nding Med.	Shaff	F1 1075
TO BUYELO	The con-	14.	DEGREE Phy		Phys.	teb. 10, 19 10
PHYSIC NAME	(Type)			23D. ADDRESS		
	J. Henry H	aase M.T) a DECORE	2926 East Cold	soring Lane	Baltimore, Maryland
4A. SURIAL C	REMATION, 24B. DATE		ME of CEMETERY of CRI			ty, town, or county) (State)
REMOVAL	. (Specify)					
Burial	2-10-7	O Mos	t Holy Rede	emer	Balto. Md.	
DA. DATE REC	D SY HEALTH DEPT.	25B, NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
FEB 11	Wase & E	Vicasia.	TO U	Leonard J	Ruck Inc B	alto. Md.
	1// 6					

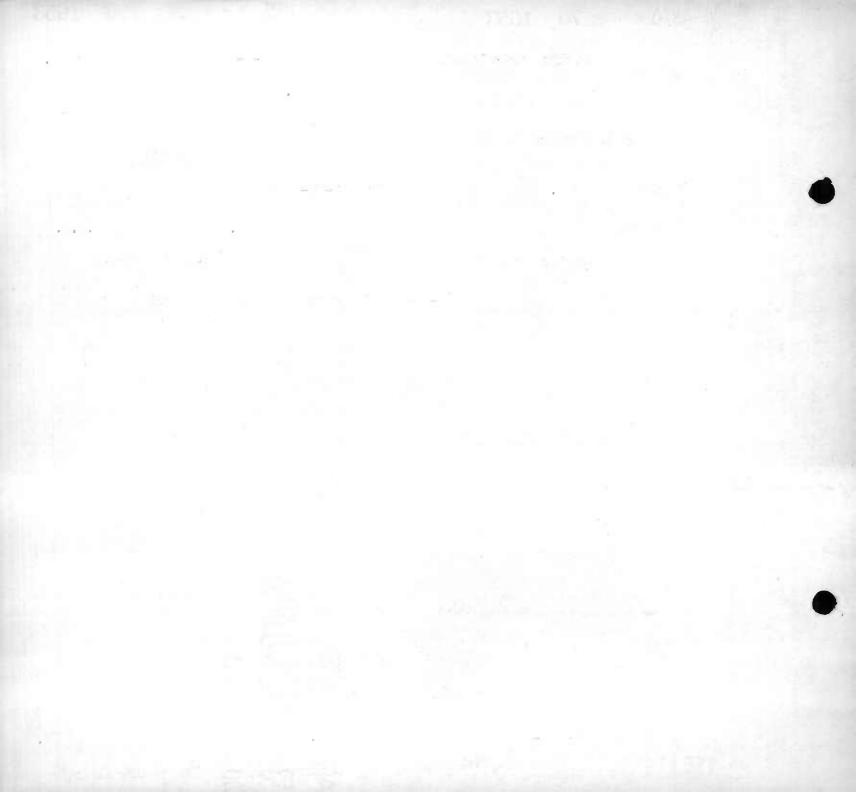


IRTH NO.							
NAME OF DECI	EASED			2. DATE	AND HOUR OF DEATH		
ype or rinin	Ma	ttie L.	Chinault		2-7- 1970		
ULL NAME OF	TIMORE, MARYLAND, W			A, STATE B. CO		institution; resid	2633
OSPITAL OR	ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMIT	
44	** . **			Baltimo		YES DE	ио 📗
//	Union Memo	rial		E. STREET AND NUMBER	n Avenue 212	73	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24 H
Female	Cau.	WIDOWED	= =	9-13-1883	lost birthdoy) 86	Months Do	ys Hours Min.
A. USUAL OCCU	JPATION (Give kind of world			11. BIRTHPLACE (State of fo	oreign country!	12. CITIZEN	OF WHAT COUNT
Housew	working life, even if retired)	Н	ousewife	Bowling	Green Va.	U	.S.A.
FATHER'S NAM	ME			14. MOTHER'S MAIDEN N	IAME		
		B	ruce	Ros	sina Brooks		
. Wos Deceased	Ever in U. S, Armed For	rces?	1 6. SOCIAL	17. INFORMANT		A	DDRESS
No	yes, give wor or dote	A OI SELAICEI	220-18-43411	Mrs Jois Sca	arborough 344	12 Erdma	n Ave. 2:2
heart foilure, injury ar cam	LEADING TO DEATH all meen the made of asthenia, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)	(A) IMMEDIATE CAL DUE TO, OR AS (B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	eralized	orters.	clerosis
heart foilure, injury ar cam A DISEASES Orise to the UNDERLYING	al meon the made of asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) CONDITION last. IL CANT CONDITIONS COUSE (A) TO THE CONDITION SUPERIOR PARTIES TO TO THE CONDITION SUPERIOR SUPERIO	any, giving sloting the MTRIBUTING HE TERMINAL IT I (A).	(B)		Prolyce (Irlings Co	rolerosio
DISEASES Onise to the UNDERLYING OTHER SIGNIFT TO THE DEAT OF THE DISEASE OF CO.	al meon the made of asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) is CONDITION last. IL CANT CONDITIONS CONDITIONS CONDITION SCONDITION SCONDITION SCONDITION SCONDITION SCONDITION SCONDITION SIVEN IN PARTICIPATION SIVEN SIVEN IN PARTICIPATION SI SIVEN IN PARTICIPATION SI SIVEN IN PARTICIPATION SI	any, giving sloting the terminal to the terminal termin	(C)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or	IN CERTIFYING CA	Irlindings Co	ACCEPTATES
DISEASES OF TISE IN THE DEATH TO THE DEATH T	al meon the made of asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) CONDITION last. IL CANT CONDITIONS COUSE (A) TO THE CONDITION SUPERIOR PARTIES TO TO THE CONDITION SUPERIOR SUPERIO	any, giving sloting the terminal to the terminal termin	(B)	A CONSEQUENCE OF:	(If in Boltima	FINDINGS COAUSES OF DEA	
DISEASES OF TISE IN THE DEATH TO THE DEATH T	al meon the made of asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) CONDITION last. IL CANT CONDITIONS COMBUT NOT RELATED TO TONDITION GIVEN IN PART OPERATION 1986. CON WAS PER TOWNS UNDERLYING CAUSE OF	any, giving sloting the INTRIBUTING HE TERMINAL IT I (A). IDITION FOR V FORMED 21B, hometc.il	(C) PLACE OF INJURY (e.g., i e, form, foctory, street, of injury Occurred	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or	(If in Boltimo		
DISEASES OF TISE IN THE DEATH OF THE DEATH O	al meon the made of asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) to condition last. ICANT CONDITIONS COMBINED TO TO THE CAUSE OF THE CONDITION GIVEN IN PART OPERATION 19B. CONWAS PER TWAS UNDERLYING THING CAUSE OF medical examines) (Month! (Day) (Year)	any, giving sloting the INTRIBUTING HE TERMINAL IT I (A). IDITION FOR V FORMED 218, hometc.l	VHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, olinium) INJURY OCCURRED INJURY OCCURRED IN ON While At Work	20 A. AUTOPSY? (Yes or nor obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo		xoct locotion)
DISEASES On the UNDERLYING DISEASES On the UNDERLYING OTHER SIGNIFT TO THE DEATI DISEASE OR CC 19 A. DATE OF OR CONTRIBU DEATH (notify) 21 A. A CCIDEN OF INJURY (A PPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	al meon the made of asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) to condition last. IL CANTCONDITIONS COME HOLD NOT TO CONDITION GIVEN IN PARTICIPATION TO CONDITION GIVEN IN PARTICIPATION TO CAUSE OF medical examiner) (Month! (Doy) (Year) that (I) (this hospital last saw the decease of from the causes sto RE	any, giving sloting the terminal to the terminal te	DUE 10, OR AS (B) DUE 10, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in foctory, street, of the deceased from t	20 A. AUTOPSY? (Yes or an arrobout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID I and arrows the body ofter death arrows the body of the death arrows the body of	(If in Boltimo	ore City, give e	noccurred on the d
DISEASES On the UNDERLYING DISEASES On the UNDERLYING OTHER SIGNIFT TO THE DEATI DISEASE OR CC 19 A. DATE OF OR CONTRIBU DEATH (notify) 21 A. A CCIDEN OR CONTRIBU DEATH (notify) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	al meon the made of asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) to conditions coused to complete the couse of the cou	any, giving sloting the disease, death.) any, giving sloting the	DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in the control of	20A. AUTOPSY? (Yes or no robout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I e	(If in Boltimo	ore City, give e	incorporation (Stote)
DISEASES On the UNDERLYING DISEASES On the UNDERLYING OTHER SIGNIFT TO THE DEATI DISEASE OR CC 19.A. DATE OF OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T) 4A. BURIAL CREA REMOVAL IS	al meon the made of asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) to condition last. ILICANT CONDITIONS COME HOLD TO	any, giving sloting the disease, death.) any, giving sloting the	DUE TO, OR AS (B) DUE TO, OR AS (C) VHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, of the deceased from the decease	20A. AUTOPSY? (Yes or no robout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I e	NJURY OCCUR? 1949 to 2 that in(my) (***) ap h. Shaff Phys. LOCATION (C. Baltimore)	ore City, give e	noccurred on the d



FUNERAL DIRECTOR: IMPORTANT

1-140 70	1050	BALTIMORE CITY	HEALTH DEPARTMENT		70 1653
BIRTH NO.	1653	CERTIFICA	TE OF DEATH	REG. NO	70 1.000
Type or Print) Evely	n Marie L	ovell		ND HOUR OF DEATH	2;30A.M
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If i	institution: residence before edmission
FULL NAME OF (IF NOT IN HOS ADDRESS OR LO	CATION)	TION, GIVE STREET	C. CITY OR TOWN	D. 1NS	SIDE CITY LIMITS?
5921 Burge	ss Avenue		Baltimore E. STREET AND NUMBER		YES JK NO
				ss Avenue 21	214
Female Cau.	7- MARRIED WIDOWED	INEVER MARKIED	2-12-1884	9. AGE (In years lost birthdoy85	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of w		BUSINESS OR INDUSTRY	1). BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTR
Housewife			Baltimore	Md.	U.S.A.
3. FATHER'S NAME			4. MOTHER'S MAIDEN NA	AME	
Augustu	s Cohrt			Mamie	Vetumski
S. Was Deceased Ever in U. S. Armed Yes, no or unknown) (If yes, give wor or d	Forces? ates of service)	1 6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
No		215-05-2122	Henry Love:	11 3423 Wood	ring Avenue 2123
18. 4. 37.41		CAUSE OF DEATH		7.01	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
rise la the above couse (A UNDERLYING CONDITION Iost. OTHER SIGNIFICANT CONDITIONS (OTHER DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN F	CONTRIBUTING OTHE TERMINAL	(c)			
19A. DATE OF OPERATION 19B. CO		HICH OPERATION	20A. AUTOPSY? (Yes or h	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. home etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltima	ore City, give exact location)
21 D. TIME (Month) (Doy) (Yes		e At At Work	21F. HOW DID IN	JURY OCCUR?	
22. 1 certify that (I) (this haspi		e deceased fram	cus 17	19 69 to De	15 7/ 1974
that (I) (lost saw the deced		(1:1) (1:1)	,		inian death accurred an the da
and haur and fram the causes s	idied abave. (1)	(me) (aia) (al a; not) vi	ew the bady after death	•	23B, DATE SIGNED
[[()]	Ja .	Atten	ding Med.	Staff D	2-7-70
23C. PHYSICIAN'S NAME (Type) R Dong C	1 Van	1	3D. ADDRESS	and a Ma	1
4A. BURIAL CREMATION, 24B. DATE	24C. NA	ME of CEMETERY OF CREE	1 4 -	LOCATION (C	City, town, or countyl (State)
REMOVAL (Specify)			THE RESERVE		
Burial 2-]	0- 1970 258 NAME-0	Moreland Pa	25C. FUNERAL DIRECTO	Baltimore	ADDRESS
EB 1 1 1971 26 8 8	Valore 1	8.0 0 n	0 0 0	^	
(c. 160 BEV. 1/1/48			Lassahh Fu	meral Home	7401 Belair Roa

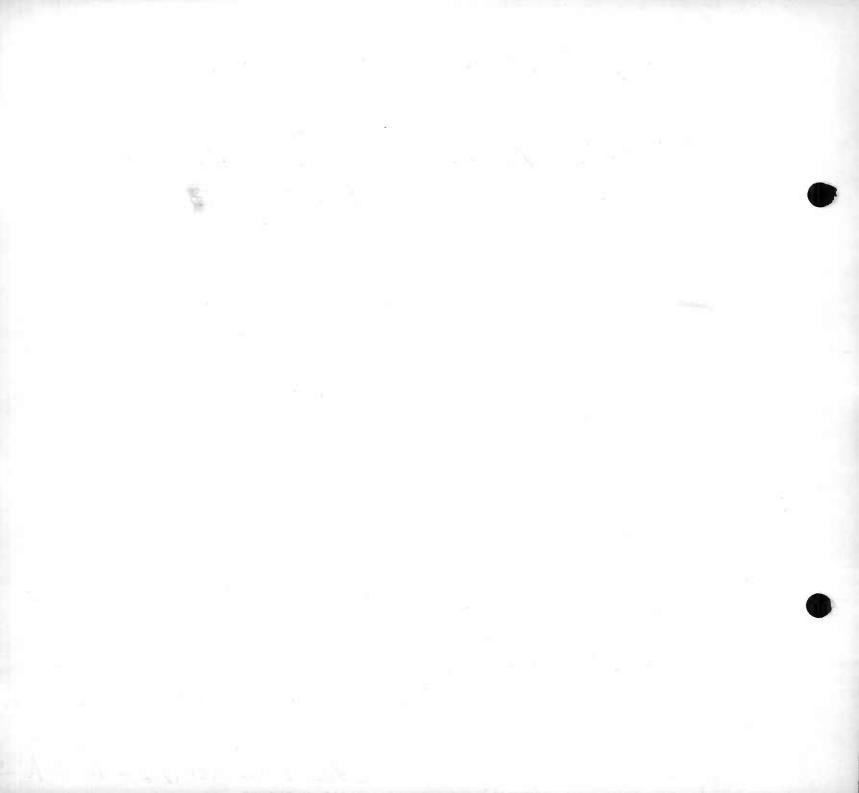


FUNERAL DIRECTOR:

2-1-43H V 1-1-3H

X 9-30 04 65

	K-000	BALTIMORE CITY	HEALTH DEPARTMENT		100
	70 1655	CERTIFICA	TE OF DEATH	REG. NO	70 1655
	NAME OF DECEASED (Pe or Print) Kell Robert	VEUS	2. DATE AND	HOUR OF DEATH	· Cur A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If instit	Julian: residence before admission)
ΙН	JLL NAME OF HE NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MD	Υ	1402
IN	STITUTION		C. CITY OR TOWN		CITY LIMITS?
1	Key Circle Hos	10 1CC	E. STREET AND NUMBER	Y	ES NO
6	1214 EUTAK P/	200	1619 DRUID	Hill AL	16.
5.	SEX 6. RACE 7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years In the self birthday)	If Under 1 Yr., If Under 24 Hrs. Aonths Doys Hours Min.
10	MARE Wegro WIDOW		7-3-9/	72	
do	A. USUAL OCCUPATION (Sive kind of work 108, KINI ne during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of foreign	n country!	12. CITIZEN OF WHAT COUNTRY?
12	FATHER'S NAME		Daluda VIV	as Lap	
134	PAINER'S NAME		14. MOTHER'S MAIDEN NAM		
15.	Was Deceased Fuse in 11 S Armed Face 2	137 - 20 - 21 - 21			
(Yo	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dales of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	n. n. /t	ADDRESS
	110 17 17 17	218-03-8889	Hobert Veys	101 Not	route 8+.
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		- 611	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	a reulie 1	on toile	we / wear
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	0.0.	A CONSEQUENCE OF:		***************************************
	injury at camplication which caused death.)	0.1.1	11.7	C 11X	1
	ANTECEDENT CAUSES	(B) CE to?	soletone (-00	10 7-3
	DISEASES OR CONDITIONS, if any, givenise to the abave cause (A) stating	ing DUE TO, OR AS	A CONSEQUENCE OF:	*******************************	######################################
	UNDERLYING CONDITION last.	(c)	*****************************	******************	
z					
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN	AL			
FIC	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINE	DINGS CONSIDERED
ERTH	WAS PERFORMED			IN CERTIFYING CAUSE	S OF DEATH?
SAL C	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify modical examined	21B PLACE OF INJURY (e.g., ir home, farm, foctory, street, off etc.)	or about 21 C. WHERE DID	(If in Boltimore Ci	ity, give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
ξ	(APPROX)	While At Work Not While At Work			
	22. I certify that (1) (this hospital) attende		F-25 10	69 . 2 -	10/0
	that (1) (we) last saw the deceased alive o	7 ()	19 70 and that	In(my) (aur) opiniar	n death occurred an the date
	and haur and from the causes stated above	. (1) (We) (did) (did not) vi		,(), (, op:	. additi occorreg dir ille dale
	23A. SIGNATURE	7 / 0	/	231	B, DATE SIGNED
	Juonus	DEGREE Phys.	Med. St	off D	2-9-70
	PAME (Type) A 2 1 2 2	IGLER 2	3D. ADDRESS	lea au	~ * Bro lb 2/20
24/	BURIAL CREMATION, 24B, DATE / 24C	NAME OF CEMETERY OF CREE	MATORY 24D LOC	ATION (City, It	own, pr countyl (S(ble)
1	Burin 2/16/20 B	nothing Wit	wal Bra	01 -	Mico
25 <i>A</i>		OF REGISTRAR	25C. FUNERAL DIRECTOR	VT. may	ADDRESS
	LERIT BLA GEOGRAP - AND	7. () ()	1 820 4 (uno (0171	2 W. North Are
_					



YES X

II Under 1 Yr. Months! Doys

NO

12. CITIZEN OF WHAT COUNTRY?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(State)

Hours Min.

IMPORTANT DIRECTOR: FUNERAL

Letter from U.S.P.H.S.

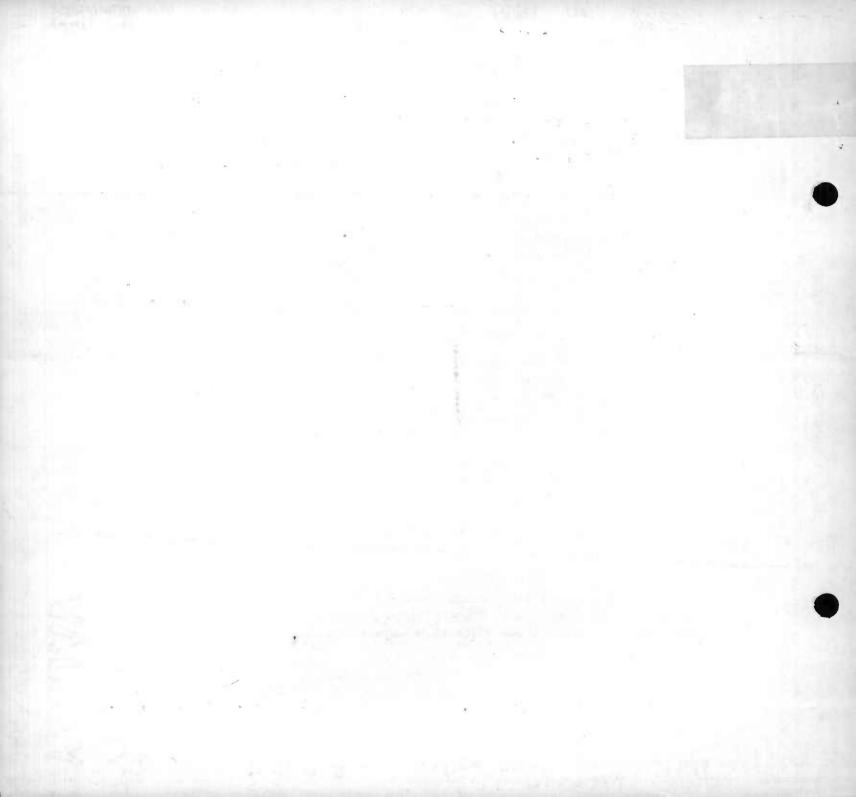
2-19-70

M.H.

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

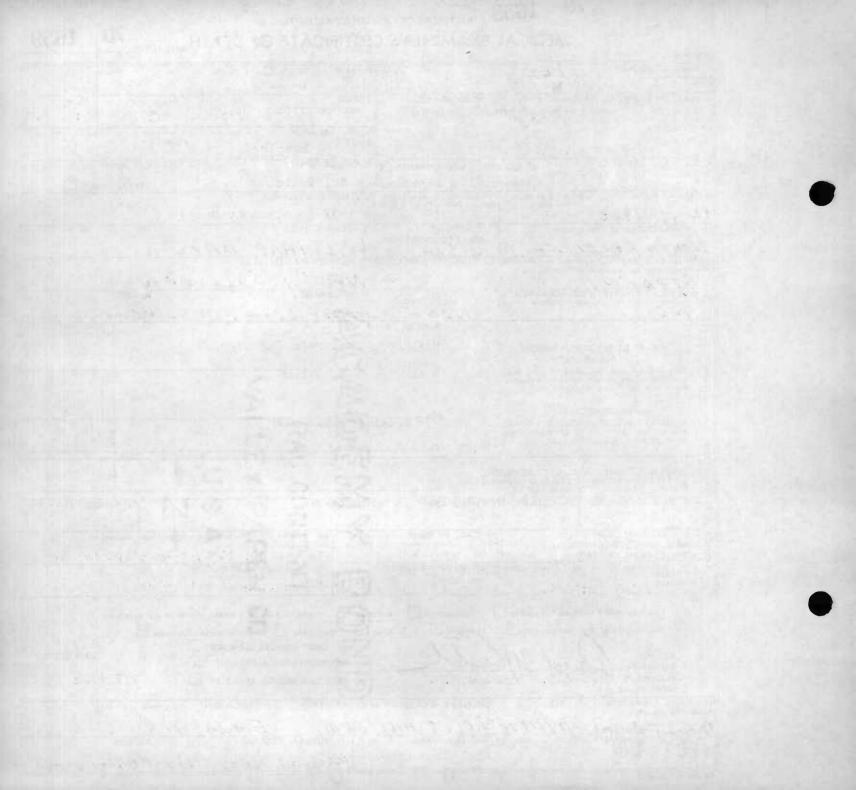


1 B-650 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEAT

	70	1659
_		

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG, NO. 16	59
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) WILLIAM BROWN	2. DATE Known Manth Day Year Hour OF DEATH Estimated	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Haur	144,
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	February 9, 1970 5:00 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before adm	P. M.
42	IIA. STATE B COUNTY	A A
SINAI HOSPITAL 6. SEX 7. RACE B. MARRIED CONTROL MARRIED CONTROL	Maryland	6
Male Negro MARKIED WEVER MARRIED		
WIDOWED DIVORCED	Baltimore YES NO 🗆	
9. DATE OF BIRTH 10.AGE (In years In Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.	E. STREET AND NUMBER	
	3032 Rosaland Avenue	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
NORTH CHROLINA (1,5.A.	WILLIAM BROWN	
14A. USUAL OCCUPATION (Give kind al work 14B. KIND OF BUSINESS OR INDUSTRY dane during mast of working life, even il retired)	15. MOTHER'S MAIDEN NAME	- 111
STUDENT	NANCY SYLLIVAN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (if yes, give war ar dates af service) 17. SOCIAL SECURITY NO.	IB. INFORMANT / ADDRESS	
NO	NANCY LOGAN 3032 ROSALAND	ANK
19. CAUSE OF DEAT	TH APPROXIMATE I	INTERVAL
DISEASE OR CONDITION DIRECTLY Multiple	e Traumatic Injuries	AND DEATH
LEADING TO DEATH		
(This does not mean the made of dying, e.g., (A)IMMEDIATE C DUE TO, OR A	AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY GIVING DUE TO, OR A	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
O 7	AS PERFORMED 21. AUTOPSY? (Yes	or No)
₹ 22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g., I	yes	
O INDEPLYING STOR CONTRIB	In or about 22C, WHERE DID (II in Baltimare City, give exact location)	16
UTING CAUSE OF DEATH. Street 22D. TIME (Month) (Doy) (Year) (Hour) 22E INJURY OCCURRED	Pimlico Rd. 14'N.of Rosaland Avenue	5
OF INJURY	22F. HOW DID INJURY OCCUR?	
(APPROX.) 2-1-70 2:45 P. m. WHILE AT WORK NOT AT WO		
	topsy 🗵 and that on this basis, death In my opinion	
resulted from: Notural couses Accident X Suicide		
Accident & Soleta		
ACTUAL / / ///	CHIEF MEDICAL EXAMINER DATE SIG	NED
SIGNATURE MAD.		
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 2/11/70	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Ste	ole)
TRANSIT-BURIAL 2/14/1270 VICLET HILL	CEM. EMMA. N.C.	
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	
LERIT MA		
VC 161 PTV 310//0	Marshall Jones, 1735 HARFORD A	UE

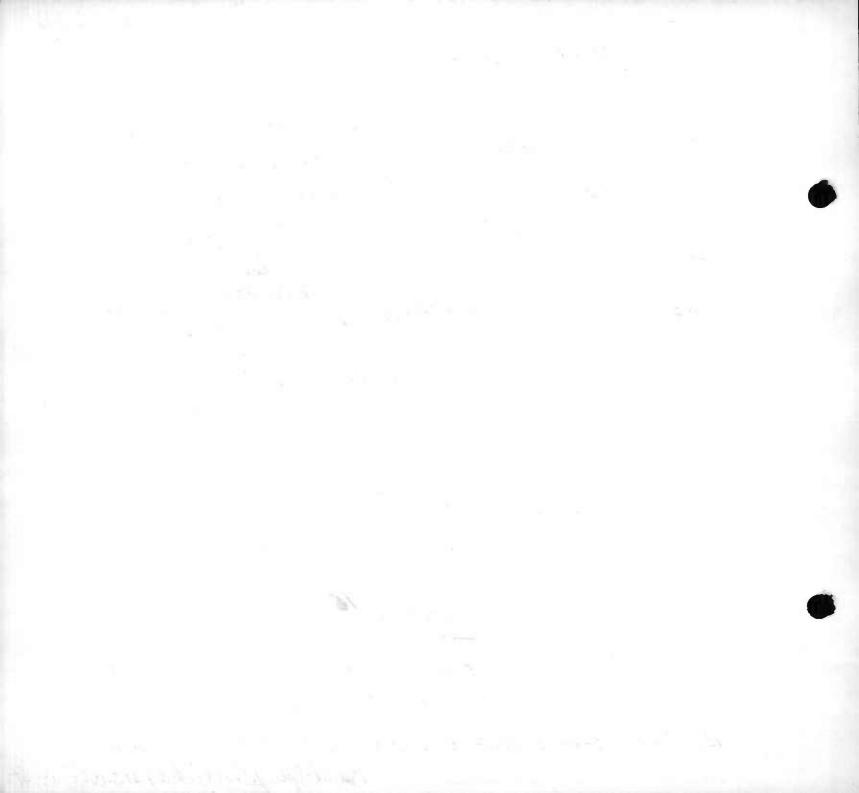


VS 150-REV, 1/1/68

412 m 3/2 1/2 and granted The same of the sa

THE STATE OF STATE OF

THINGS HIM ON HYRIGH LASSOCIAL COMMENTS The St. of Street Co. 17 St. of The set is #1 will 3" See to the Has



	TRITITO.				MINER'S	2. DATE				70	1.664
r)	I. NAME OF DECEASED (Type or Print) CHRISTOPHER DERRIEN						Knawn Estimoted	Manth	Day	Year	Hour
	PLACE IN BAL	TIMORE, MARY	LAND, WHERE	PRONOUN		3. DATE		Month	ry 10,19	Yeor	Haur
H	ULL NAME OF IOSPITAL OR INSTITUTION	(IF NOT II	OR LOCATION)	INSTITUTION, O	GIVE STREET		INCED DEAD				12:45 1
	LU	THERAN H	HOSPITAL	(DOA)		5. USUAL RE A. STATE	SIDENCE (Where		ed. Il institution: B. COUNTY	residence b	efore admission
6.		7. RACE	8. MA	ARRIED NI	EVER MARRIED	C. CITY OR Balti			D. INSIDE CIT	Y LIMITS?	
Ó	Male DATE OF BIRTH	Negro	WID. AGE (In years	OWED	DIVORCED				YES	i 🗆 1	NO 🗆
0	July 1=	562 10	ost birthdoy) 7	Months D	Yr. II Under 24 Hrs. Doys Hours Min.		ND NUMBER Clifton Av	venue			
II	BIRTHPLACE	tale or loreign	country)	12. CITIZI WHAT	EN OF COUNTRY?	13. FATHER'S	NAME	9	June	w	LE LET
14	A.USUAL OCCUP	PATION (Give kin	nd ol work 14B. KI	ND OF BUSIN	NESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NAM	AE .	Leve-		
30	ine during most of w	orking lile, even	ii retired)			21.	Oax 1	Ind	som	/	
16 (Y	s. WAS DECEASE	D EVER IN U.S (If yes, give wor	or dales of serv	CES? 17.	SOCIAL SECURITY NO.	IB. INFORM	ANI	Serre	'en ADI	DRESS	
H	19.	10.1	,		CAUSE OF DEA	TH OF	33 aling	torci		APP	ROXIMATE INTER
	DISEASE	OR COMPINI	AL DIRECTIV				o Aspirat:	ion of	Tov Bal	B ETSAZE	EN ONSET AND
	L	OR CONDITION OF TO D	EATH				o mopilar.				
	(This does no heart failure,	of mean the mo asthenia, etc. It is plication which c	de of dying, e.	0	(A) IMMEDIATE	CAUSE					
				e.	DUE TO, OR	AS A CONSEQU	JENCE OF:				
	injury or com	plication which c	oused death.)	e,	DUE TO, OR	AS A CONSEQU	JENCE OF:				
	AN	ITECEDENT CA	USES								
	DISEASES O	ITECEDENT CA PR CONDITION ABOVE CAUSE	USES IS, IF ANY, GIVII		(B)				•		
NC	DISEASES O RISE TO THE UNDERLYIN	ITECEDENT CA	USES IS, IF ANY, GIVII								
ATION	DISEASES O RISE TO THE UNDERLYIN	TECEDENT CA PR CONDITION ABOVE CAUSE G CONDITION	USES IS, IF ANY, GIVII (A) STATING T V LAST.	NG HE	(B)OUE TO, OR						
FICATION	DISEASES O RISE TO THE UNDERLYIN	TECEDENT CA PR CONDITION ABOVE CAUSE G CONDITION III IFICANT CONDITION THE BUT NOT RE	USES IS, IF ANY, GIVII (A) STATING T LAST. TIONS CONTRIL	NG HE BUTING	(B)OUE TO, OR						
ERTIFIC	DISEASES OR OTHER SIGNITO THE DEAD DISEASE OR OTHER SIGNITO THE DEAD DISEASE OR OTHER SIGNITO TO THE DEAD DISEASE OR OTHER SIGNITO THE DEAD DISEASE OR OTHER SIGNITOR OTHER	ITECEDENT CA OR CONDITION ABOVE CAUSE G CONDITION II IFICANT CONDITION III BUT NOT REI CONDITION GIVE	USES IS, IF ANY, GIVING (A) STATING TO A LAST. TIONS CONTRIE LATED TO THE TE FER IN PART 1 (NG HE BUTING RMINAL A).	(B)OUE TO, OR	AS A CONSEQ	UENCE OF:			21. AUTOP	SY? (Yes or N
CERTIFICATION	DISEASES OR OTHER SIGNITO THE DEAD DISEASE OR OTHER SIGNITO THE DEAD DISEASE OR OTHER SIGNITO TO THE DEAD DISEASE OR OTHER SIGNITO THE DEAD DISEASE OR OTHER SIGNITOR OTHER	ITECEDENT CA OR CONDITION ABOVE CAUSE G CONDITION II IFICANT CONDITION III BUT NOT REI CONDITION GIVE	USES IS, IF ANY, GIVING (A) STATING TO A LAST. TIONS CONTRIE LATED TO THE TE FER IN PART 1 (NG HE BUTING RMINAL A).	(B) DUE TO, OR	AS A CONSEQ	UENCE OF:				PSY? (Yes or N
ERTIFIC	DISEASES OF CONTROL OF THE DEAD CONTROL OF THE	ITECEDENT CA R CONDITION ABOVE CAUSE G CONDITION IT IFICANT CONDITION TH BUT NOT REI CONDITION GIV OPERATION 2	USES IS, IF ANY, GIVII (A) STATING T A LAST. TIONS CONTRIB LATED TO THE TE VEN IN PART 1 (2008. CONDITIONS	BUTING RMINAL A).	(B) DUE TO, OR (C) CH OPERATION WA	AS A CONSEQ	UENCE OF:	ll in Baltimare	- Cit	3	
EDICAL CERTIFIC	DISEASES OR OTHER SIGNITO THE DEAD TO THE	ITECEDENT CA R CONDITION ABOYE CAUSE G CONDITION IT FICANT CONDITION TH BUT NOT REI CONDITION GIV OPERATION IAL CAUSE WAR ISE OF DEATH	USES IS, IF ANY, GIVIN (A) STATING TO N LAST. TIONS CONTRIL LATED TO THE TE VEN IN PART 1 (2008. CONDITIONS	BUTING RMINAL A). IN FOR WHICE home, form	(B) DUE TO, OR (C) CH OPERATION WA	AS A CONSEQ AS PERFORME in or obout 22 e bldg., etc.) IN	C. WHERE DID (1)	ton Ave	City, give exoct	3	'SY? (Yes or N 7es
EDICAL CERTIFIC	DISEASES OR OR RISE TO THE UNDERLYIN TO THE DEAD DISEASE OR OR OR OR OTHER SIGNITOR OF THE DEAD DISEASE OR OR OR OTHER SIGNITOR OF THE DEAD DISEASE OR OR OTHER SIGNITOR OF THE DEAD DISEASE OR OTHER SIGNITOR OF THE DISEASE OF THE DISEA	TECEDENT CA R CONDITION ABOVE CAUSE G CONDITION THE BUT NOT RESCRIPTION THE BUT NOT RESCRIPTION TO PERATION TO PER	USES IS, IF ANY, GIVII (A) STATING T V LAST. TIONS CONTRIB LATED TO THE TE VEN IN PART 1 (20B. CONDITIO	BUTING RMINAL A). POR WHICE 228. PLACE home, form our) 22E.IN.	(B) DUE TO, OR (C) CH OPERATION WAR OF INJURY (e.g., loctory, street, office Home JURY OCCURRED	AS A CONSEQ AS PERFORME in ar obout 22 e bldg., etc.) IN	C. WHERE DID (1) 10RY OCCUR? 3835 Clif	ton Ave	City, give exoctenue	locotion)	
EDICAL CERTIFIC	DISEASES OF UNDERLYING OTHER SIGNITO THE DEA DISEASE OR 220A. DATE OF UNDERLYING UTING CAU 220A. TIME (APPROX.) 2 -	TECEDENT CA R CONDITION ABOVE CAUSE G CONDITION IFICANT CONDITION TH BUT NOT REI CONDITION GIVE OPERATION ALL CAUSE WA CONDITION JOE OF CONTRI	USES IS, IF ANY, GIVIN (A) STATING TO N LAST. TIONS CONTRIL LATED TO THE TE VEN IN PART 1 (2008. CONDITIONS	BUTING RMINAL A). POR WHICE 228. PLACE home, form our) 22E.IN.	(B) DUE TO, OR (C) CH OPERATION W. E OF INJURY (e.g., loctory, street, office Home JURY OCCURRED NOT	AS A CONSEQ AS PERFORME in ar obout 22 e bldg., etc.) IN	C. WHERE DID (1)	ton Ave	City, give exoctenue	locotion)	
EDICAL CERTIFIC	DISEASES OR UNDERLYING OTHER SIGNITO THE DEA DISEASE OR COMMITTED THE DEA DISEASE OR COMMITTED THE DEA DISEASE OR COMMITTED THE DEAD OF INJURY (APPROX.) 2—23.	ITECEDENT CA R CONDITION ABOVE CAUSE G CONDITION IFICANT CONDITION TH BUT NOT REI CONDITION OPERATION IAL CAUSE WA CONTRIBUTE SE OF DEATH. Month) (Doy)	USES S, IF ANY, GIVII (A) STATING T N LAST. TIONS CONTRIB LATED TO THE TE VEN IN PART 1 (20B. CONDITION S B- (Year) (H P.M.	BUTING RMINAL A). POR WHICE COUT) 22E. IN. WHILE M. WORK	(B) DUE TO, OR (C) CH OPERATION WAR E OF INJURY (e.g., loctory, street, office Home JURY OCCURRED AT WAT WAT WAT WAT WAT WAT WAT WAT WAT	AS A CONSEQ AS PERFORME in ar obout 22 e bldg., etc.) IN WHILE X S	C. WHERE DID (I JURY OCCUR? 3835 Clif F. HOWDID INJ	ton Ave ury occur ocked	City, give exoctenue	locotion) 500	
EDICAL CERTIFIC	DISEASES OR OTHER SIGNITO THE DEAD DISEASE OR OTHER SIGNITOR OF INJURY (APPROX.) 2 – 23.	ITECEDENT CA R CONDITION ABOYE CAUSE G CONDITION IT FICANT CONDITION TH BUT NOT REI CONDITION GIVE OPERATION IN INITIAL CAUSE WA ELOR CONTRIL ISE OF DEATH. Wonth) (Doy) 10-70 fy that I held	USES IS, IF ANY, GIVII: (A) STATING TO LAST. TIONS CONTRIBLATED TO THE TEVEN IN PART 1 (2008. CONDITIONS (Year) (H P.M. an Inquiry	BUTING RMINAL A). N FOR WHICE home, form our) 22E.IN. WHILE M. WORK	(B) DUE TO, OR (C) CH OPERATION W. E OF INJURY (e.g., loctory, street, olfic HOME JURY OCCURRED AT NOT AT W.	AS A CONSEQ AS PERFORME In ar obout 22 e bidg., etc.) IN 22 WHILE X S tapsy X	C. WHERE DID (1) 18 YO CLUR? 138 YO CLUR? F. HOW DID INJubject ch	ton Ave	City, give exoctenue ron ballo	locotion) 500	
EDICAL CERTIFIC	DISEASES OR OTHER SIGNITO THE DEAD DISEASE OR OTHER SIGNITOR OF INJURY (APPROX.) 2 – 23.	ITECEDENT CA R CONDITION ABOYE CAUSE G CONDITION IT FICANT CONDITION TH BUT NOT REI CONDITION GIVE OPERATION IN INITIAL CAUSE WA ELOR CONTRIL ISE OF DEATH. Wonth) (Doy) 10-70 fy that I held	USES S, IF ANY, GIVII (A) STATING T N LAST. TIONS CONTRIB LATED TO THE TE VEN IN PART 1 (20B. CONDITION S B- (Year) (H P.M.	SUTING RMINAL A). N FOR WHICE home, lorm our) 22E.JN. WHILE M. WORK	(B) DUE TO, OR (C) CH OPERATION W. E OF INJURY (e.g., loctory, street, olfic HOME JURY OCCURRED AT NOT AT W.	AS A CONSEQ AS PERFORME in ar obout 22 e bldg., etc.) IN 22 WHILE X S tapsy X le Han	C. WHERE DID (I) JURY OCCUR? (3835 Cliff. HOW DID IN) ubject ch	ton Ave	City, give exoctenue	locotion) 500	
EDICAL CERTIFIC	DISEASES OR OTHER SIGNITO THE DEAD DISEASE OR OTHER SIGNITOR OF INJURY (APPROX.) 2 – 23. I certification of Injury (APPROX.) 2 – 24. I certi	ITECEDENT CA IR CONDITION ABOVE CAUSE G CONDITION II IFICANT CONDITION TH BUT NOT REI CONDITION GN OPERATION ISE OF DEATH. Wenth (Doy) fy that I held ed from: Nature	USES IS, IF ANY, GIVII: (A) STATING TO LAST. TIONS CONTRIBLATED TO THE TEVEN IN PART 1 (2008. CONDITIONS (Year) (H P.M. an Inquiry	BUTING RMINAL A). N FOR WHICE home, form our) 22E.IN. WHILE M. WORK	(B) DUE TO, OR (C) CH OPERATION W. E OF INJURY (e.g., loctory, street, office Home JURY OCCURRED NOT AT W. Pection At W. Suicid	AS A CONSEQ AS PERFORME In ar obout 22 e bldg., etc.) IN 22 WHILE S tapsy S tapsy S ASSISS	C. WHERE DID (I) JURY OCCUR? 3835 Cliff. HOWDID INJubject ch	ton Ave URY OCCUR ocked o is basis, d Indetermine KAMINER	City, give exoctenue	locotion) 500) n	res
EDICAL CERTIFIC	DISEASES OF CONTROL OF THE PROPERTY OF THE PRO	ITECEDENT CA OR CONDITION ABOVE CAUSE G CONDITION ITECEDENT CONDITION	USES IS, IF ANY, GIVII (A) STATING T N LAST. TIONS CONTRIB LATED TO THE TE VEN IN PART 1 (20B. CONDITIO SB. (Year) (H P.M. an Inquiry prol causes	BUTING RMINAL A). POR WHICE OUT) 228. PLACE home, form WHILE M. WORK Insp Accide	(B) DUE TO, OR (C) CH OPERATION W. E OF INJURY (e.g., loctory, street, olfic HOME JURY OCCURRED AT NOT AT W. pection Au ent X Suicid	AS A CONSEQ AS PERFORME in ar obout 22 e bidg., etc.) IN WHILE X S tap sy X de Han CI ASSIST	C. WHERE DID (I JURY OCCUR? 3835 Cliff. HOW DID INJubject chend that an thairde L. HIEF MEDICAL EXAMT MEDICAL EXAM	ton Ave	City, give exoctenue	n plnlan	DATE SIGNED
MEDICAL CERTIFIC	AND DISEASES OF CONTROL OF THE PART OF THE UNDERLYING TO THE DEAD DISEASE OR CONTROL OF THE PART OF TH	ITECEDENT CA PR CONDITION ABOVE CAUSE G CONDITION IT FICANT CONDITION TH BUT NOT REI CONDITION GIN OPERATION ISSE OF DEATH. Monih) (Doy) 10-70 fy that I held and from: Nature RE R'S (pe) RONA	USES IS, IF ANY, GIVII (A) STATING TO LAST. TIONS CONTRIBATED TO THE TEVEN IN PART 1 (2008. CONDITIONS SB. (Year) (Hear) (He	BUTING RMINAL A). N FOR WHICE OUT) 228. PLACE home, lorm WHILE M. WORK Insi Accide This lum,	(B) DUE TO, OR (C) CH OPERATION WAR COMMENT OF INJURY (e.g., loctory, street, office Home JURY OCCURRED NOT AT W. Peetlon Au Suicid M.D. M.D.	AS A CONSEQ AS PERFORME in ar obout 22 e bidg., etc.) IN 22 WHILE X S tapsy X tapsy X ASSIST ASSOC	C. WHERE DID (I JURY OCCUR? 3835 Cliff. HOW DID INJubject chond that an the condition of th	URY OCCUR OCKED is basis, d Judetermine KAMINER KAMINER KAMINER	City, give exoctenue	locotion) 500) n	DATE SIGNED
MEDICAL CERTIFICAL	DISEASES OF CONTROL OF THE PROPERTY OF THE PRO	ITECEDENT CA R CONDITION ABOVE CAUSE G CONDITION II IFICANT CONDITION TH BUT NOT REI CONDITION GIV OPERATION 2 IAL CAUSE WA INCOMPTE WA	USES IS, IF ANY, GIVII (A) STATING T N LAST. TIONS CONTRIB LATED TO THE TE VEN IN PART 1 (20B. CONDITIO SB. (Year) (H P.M. an Inquiry prol causes	BUTING RMINAL A). N FOR WHICE OUT) 228. PLACE home, lorm WHILE M. WORK Insi Accide This lum,	(B) DUE TO, OR (C) CH OPERATION W. E OF INJURY (e.g., loctory, street, olfic HOME JURY OCCURRED AT NOT AT W. pection Au ent X Suicid	AS A CONSEQ AS PERFORME in ar obout 22 e bidg., etc.) IN 22 WHILE X S tapsy X tapsy X ASSIST ASSOC	C. WHERE DID (I JURY OCCUR? 3835 Cliff. HOW DID INJubject chond that an the condition of th	ton Ave	City, give exoctenue	n plnlan	DATE SIGNED
MEDICAL CERTIFIC	DISEASES OR ORISE TO THE UNDERLYIN TO THE DEAD DISEASE OR ORISE TO THE UNDERLYING TO THE DEAD DISEASE OR ORISE TO THE OF INJURY (APPROX.) 2—23. I certification of Injury (APPROX.) 2—23.	ITECEDENT CA R CONDITION ABOVE CAUSE G CONDITION IT IFICANT CONDITION TH BUT NOT REI CONDITION GIV OPERATION ISE OF DEATH. Wonlh) (Doy) fy that I held ad from: Nature RE R'S RODA ATION, 248.	USES IS, IF ANY, GIVII (A) STATING TO LAST. TIONS CONTRIBATED TO THE TEVEN IN PART 1 (2008. CONDITIONS SB. (Year) (Hear) (He	BUTING RMINAL A). N FOR WHICE OUT) 228. PLACE home, lorm WHILE M. WORK Insi Accide This lum,	(B) DUE TO, OR (C) CH OPERATION WAR COMMENT OF INJURY (e.g., loctory, street, office Home JURY OCCURRED NOT AT W. Peetlon Au Suicid M.D. M.D.	AS A CONSEQ AS PERFORME in ar obout 22 e bidg., etc.) IN 22 WHILE X S tapsy X tapsy X ASSIST ASSOC	C. WHERE DID (I JURY OCCUR? 3835 Cliff. HOW DID INJubject chond that an the condition of th	URY OCCUR OCKED is basis, d Judetermine KAMINER KAMINER KAMINER	City, give exoctenue on ballo eath in my aged manner	n plnlan	PATE SIGNED
MEDICAL CERTIFIC	DISEASES OR ORISE TO THE UNDERLYIN OTHER SIGNITO THE DEAD DISEASE OR OTHER SIGNITO THE OFTEN OF INJURY (APPROX.) 2—23. I certification of Injury (APPROX.) 2—23. I certification of Injury (APPROX.) 2—23.	ITECEDENT CA R CONDITION ABOVE CAUSE G CONDITION IT IFICANT CONDITION TH BUT NOT REI CONDITION GIV OPERATION ISE OF DEATH. Wonlh) (Doy) fy that I held ad from: Nature RE R'S RODA ATION, 248.	USES IS, IF ANY, GIVII (A) STATING TO LAST. TIONS CONTRIBATED TO THE TEVEN IN PART 1 (2008. CONDITIONS SB. (Year) (Hear) (He	BUTING RMINAL A). N FOR WHICE OUT) 228. PLACE home, lorm WHILE M. WORK Insi Accide This lum,	(B) DUE TO, OR (C) CH OPERATION WAR COMMENT OF INJURY (e.g., loctory, street, office Home JURY OCCURRED NOT AT W. Peetlon Au Suicid M.D. M.D.	AS A CONSEQ AS PERFORME in or obout 22 e bldg., etc.) IN 22 WHILE S tapsy S tapsy S ASSOC	C. WHERE DID (I JURY OCCUR? 3835 Cliff. HOW DID INJubject chond that an the condition of th	ton Ave URY OCCUR ocked o is basis, d Indetermine (AMINER E (AMINER E (AMINER E OCATION OCATION	City, give exoctenue on ballo eath in my ap d manner	n plnlan	PATE SIGNED

2/2/

W.V.

1.5

GEL-MIL.

1 //2 1

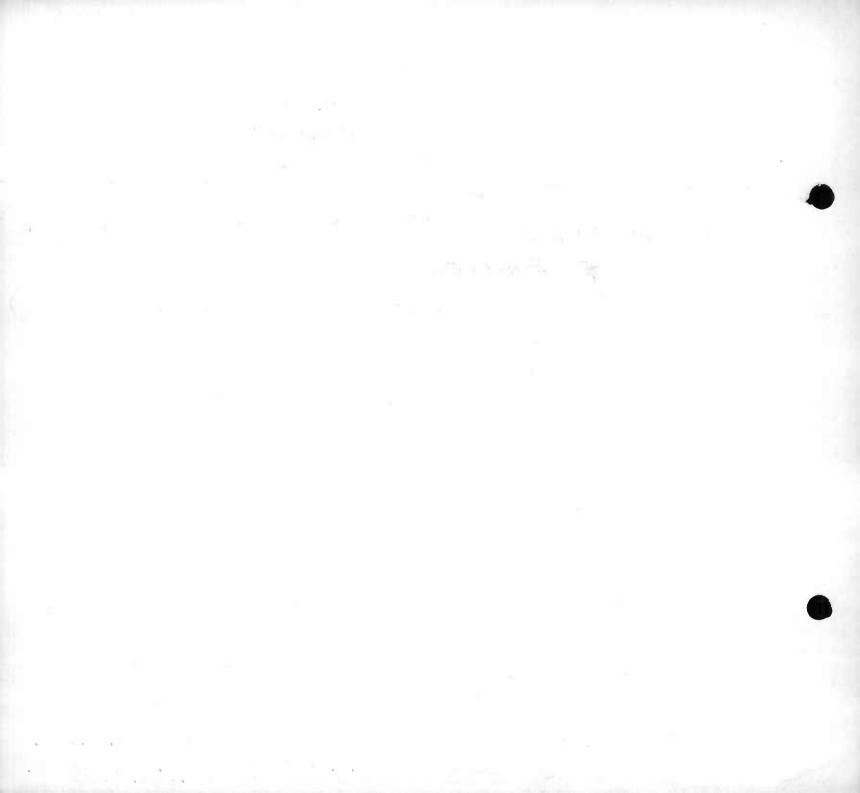
are altibuted

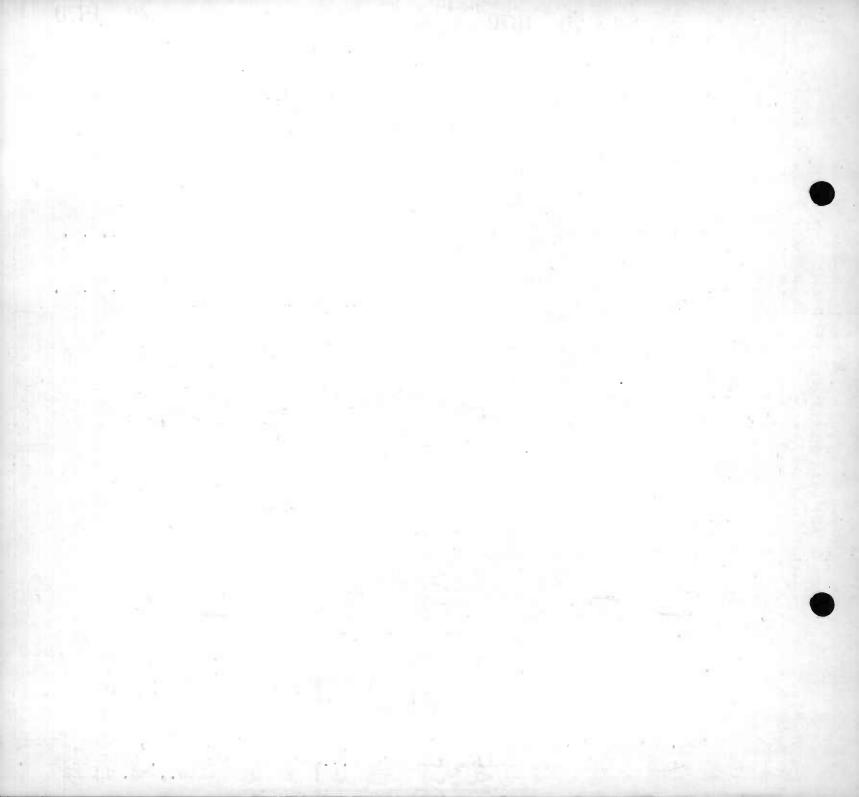
nn er finne en

127 5/2

	1668 MED	ICA	L E>	CAMINER'S	CERTIF	CATE	OF	DEAT	H REG. NO.	70	16	68
BIRTH NO.					2. DATE						1	
(Type or Print)	Evelyn	Selln	nan		OF DEATH	Known Estimote	d 🗆	Month	Doy	Yeor	Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD								Month	Day	Year	Hour	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION						UNCED DE		2	2 ived. If Institution	70	12:3	IA1.
	Bon Secours	Hospi	ita1		A. STATE	Md.	(where	deceosed i	B. COUNTY	2	00	(sion)
	7. RACE	B. MARI	RIED	NEVER MARRIED	C. CITY O	RIOWN			D. INSIDE CI	TY LIMITS?		
Female Negro WIDOWED ☐ DIVORCED ☐			Balto. YES ☒ NO ☐									
9. DATE OF BIRTH	lost birthdo	years y)	If Un Manti	der I Yr. If Under 24 Hrs. hs Days Haurs Min.		AND NUME		ette S	t.			
11. BIRTHPLACE (SI	November 18 1928 J. I. BIRTHPLACE (Stote or foreign country) Maryland November 18 1928 J. I.					'S NAME						
14A.USUAL OCCUP	PATION (Give kind of work	14B. KINI	D OF B	UeDeAe								
done during most of we Elevator	arking life, even if retired)					dell W						
16. WAS DECEASE	D EVER IN U.S. ARMED	FORCE	5?	17. SOCIAL	18. INFOR				AL	DRESS		
No	(if yes, give war ar dales	at service	e)	SECURITY NO.	Lawre	ence R.	Sel	llman	1133 N.	Monroe	Stre	et.
19. 9	6 61X			CAUSE OF DEAT						AP	PROXIMATE IN	TERVAL
L	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Stab wound of abdomen							NO DEATH				
hearl failure,	ot mean the made of dy asthenia, etc. it means the plication which caused dec	disease,		DUE TO, OR A	S A CONSEC	QUENCE OF:					*******	
	ITECEDENT CAUSES	CIVILLO		(8) DUE TO, OR	AS A CONICE	OUENEE OF						
UNDERLYIN	R CONDITIONS, IF ANY ABOVE CAUSE (A) STAT IG CONDITION LAST.	ING THE		(c)	A3 A CONS	QUENCE OF						
O THE DEA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL											
DISEASE OR CONDITION GIVEN IN PART 1 (A).						AED .				21. AUTO	PSY? (Yes o	r No)
										yes		
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) home, form, foclory, street, office bldg., etc.) INJURY OCCUR? Street Front of 1500 W. Baltimore St.												
22D. TIME (Month) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?												
(APPROX.)	2-1-70 (9	:50P.	m. W	ORK AT W	ORK 3	Stabbed	duı	ing a	1tercati	on.		
	fy that I held on I				op sy 🗷	F-20			death in my	-		
resulted from: Notural couses Accident Suicide Hamicide Undetermined manner												
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED							VED					
EXAMINE	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER LI EXAMINER'S DESCRIPTION M.D. ASSOCIATE MEDICAL EXAMINER LI ASSOCIATE MEDICAL EXAMINER LI OF THE PROPERTY OF THE											
24A. BURIAL CREM REMOVAL (Specify	ATION, 248. DATE	D. I		NAME of CEMETERY	or CREMATO	ORY	24D. L	OCATION	(City, tawn,	ar county)		le)
Burial	2/6/70		M	ount Auburn		FUNERAL DI	B	altimo	ore Mary	land		
25A. DATE REC'D		25B. N	E V	OF REGISTRAR					ips 1727	N. Mo	nroe S	Stree
VS 151-REV. 1/1/68	NOS	₫2 30	ž-, /	-0-0	1	0 0	-1	- A distribution				

To, the The same with a same of the sa



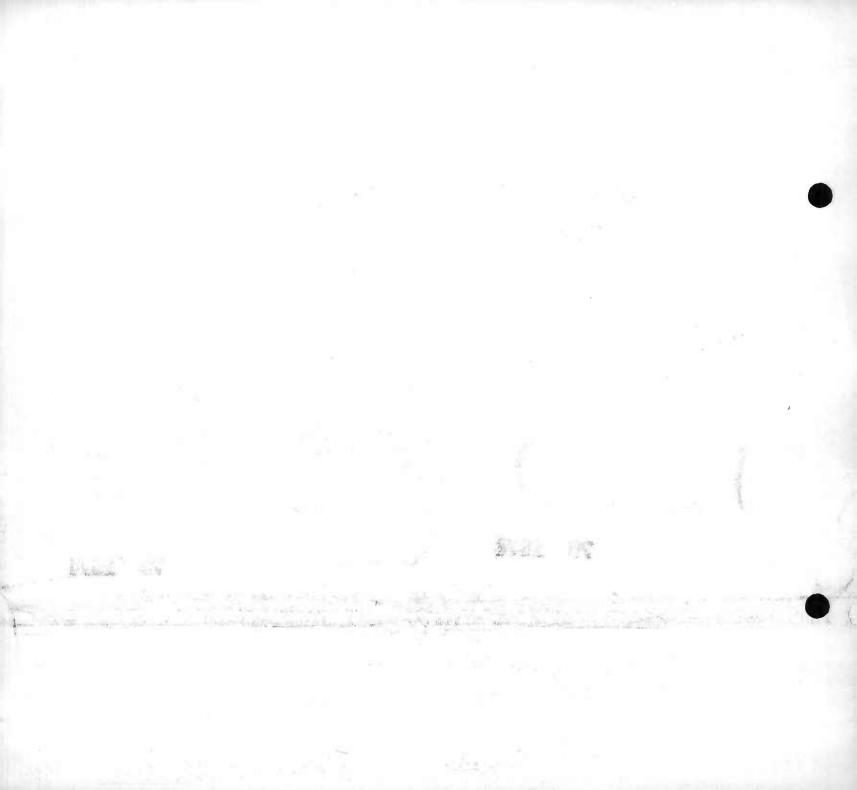


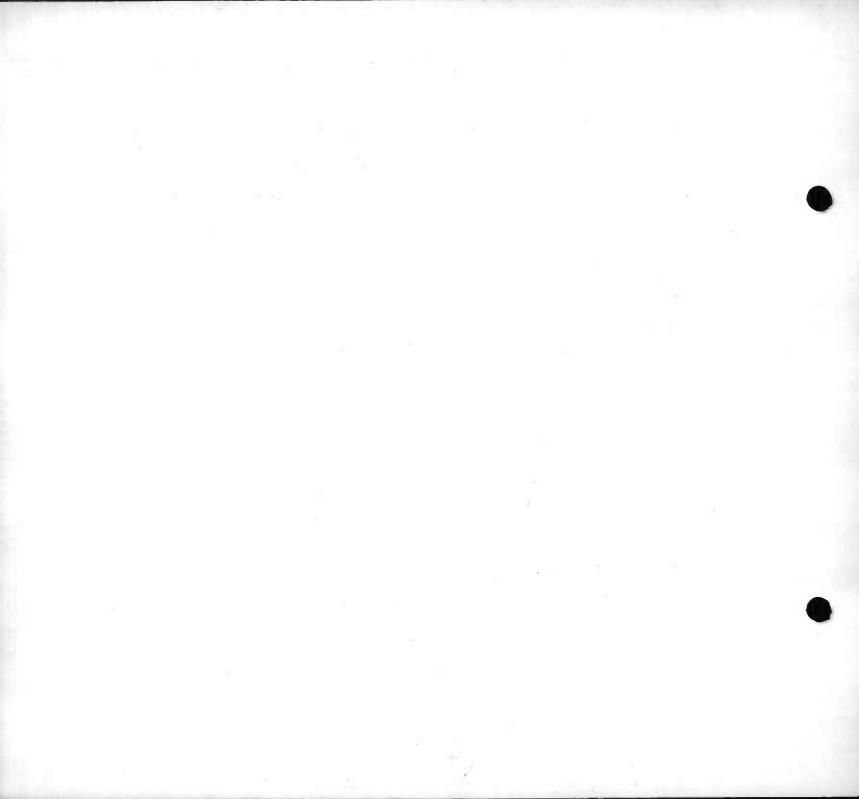
FUNERAL DIRECTOR: IMPORTANT

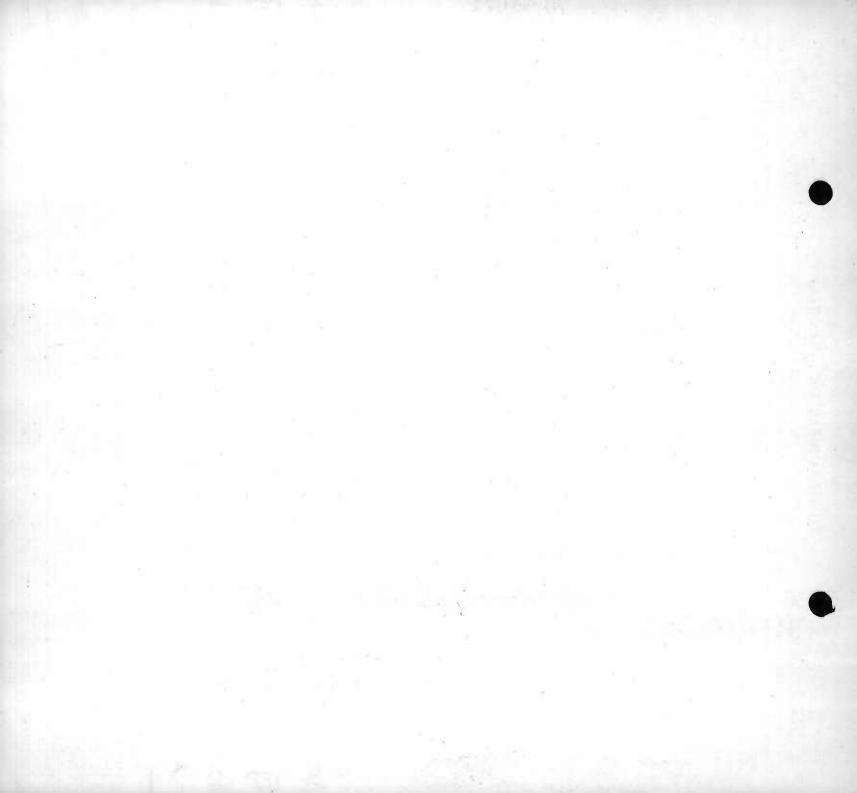
	HEALTH DEPARTMENT					
	TE OF DEATH REG. NO. 70 1671					
(Type or Pant) MARY C. CABBELL	2-5-70 2:00 P					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?					
3 THE JOHNS HOPKINS HOSPITAL	BALTIMORE YEST NO					
FEMALE NEGRO 7. MARRIED NEVER MARRIED DIVORCED D	8. DATE OF BIRTH 9. AGE (in years left Under 1 Yr. If Under 24 Hrs. Months Deys Heurs Min.					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during mest of working life, even if retired) 13. FATHER'S NAME ROBERT SMITH	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY? Ballman 14. MOTHER'S MAIDEN NAME ANN & BASKETVILLE					
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no er unknown) (If yes, give wor or detes of service) 20-20-980/	17. INFORMANT ADDRESS ADDRESS					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DTICEMIA					
injury at complicolian which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the abave cause (A) stoling the	A CONSEQUENCE OF: A CONSEQUENCE OF: Webs Mellitus					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	25,14					
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off DEATH (nofity medical exemines)	20A. AUTOPSY? (Yes er Ne) YES: IN CERTIFYING CAUSES OF DEATH? Let about 21C, WHERE DID [It in Beltimere City, give exect lecetion]					
OF (NJURY (APPROX.) (Month) (Doy) (Yeor) (Heud 21 E. INJURY OCCURRED While At Net While Werk At Werk	21F. HOW DID INJURY OCCUR?					
22. I certify that (I) (this hospital) attended the deceased from 120 1970 to 5 1970 that (I) (we) last saw the deceased dive on 1970 and that in (my) (our) opinion death occurred on the date and have and from the causes stated above. (I) (We) (did) (did not) view the hody after death						
23A. SIGNATURE OSEM Pero M. D. DECORE Phys.	ading Med. Staff Director Phys. 23B, DATE SIGNED					
N. ROSENSHEIN M.D.	THE JOHNS HOPKINS HOSPITAL					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREATERY OF CREATER	VATORY 24D. LOCATION (City, tewn, or ceunty) (State)					
FEB 11 1970 (26 See E. 19-154, 152 0 0	Les & College OTO Price It					

e yayı egi a Pini v

cl = 4 ¢







	HEALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH RE	G. NO. 70 1075
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month D	Day Year Hour
EDWARD C. JOYNES (JOYENS)	DEATH Estimoted 2	10 70 10:00 an
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STORET	3. DATE Month D	Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	February	10, 1970 10:00a
100	5. USUAL RESIDENCE (Where deceased lived. If i A. STATE B. CO	institution: residence before odmission)
Rear of 706 W. Saratoga S	Maryland	402
MARKIED LI NEVER MARRIED		ISIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In yeors if Under Yr, if Under 24	- Dareo.	YES NO
8-17-1892 lost birthdoy) Months; Doys; Hours; N	Min.	
II. BIRTHPLACE (State or loreign country) 12, CITIZEN OF	706 W. Saratoga St.	
Accomack Co., Virginia WHATCOUNTRY?		
	Clarence Joyens	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRIES OF INDUST	Mary Joyens	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IB. INFORMANT	ADDRESS
(Yes, no or unknown) (II yes, give was or dates of service) SECURITY NO. Yes 6-21-18 6-21-19 220-12-62	18 Mrs. Audrey Briscoe 66	2 Brisbane Road
19. 4 10 4. CAUSE OF D		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEAT
LEADING TO DEATH	Traver Antoniogolomotic cond	
(This does not mean the mode of dying, e.g., heart lotture, asthenia, etc. It means the disease, injury or complication which coused death.)	TECAUSE Arteriosclerotic card OR AS A CONSEQUENCE OF:	lovascular disease
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	OR AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	WAS PERFORMED	21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e. home, form, foctory, street, o	g., in or obout 22C. WHERE DID (II in Boltimore City, ffice bldg., etc.) INJURY OCCUR?	NO No give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street, o	ffice bldg., etc.) INJURY OCCUR?	
≥ 22D. TIME (Monih) (Doy) (Year) (Hour) 22E.INJURY OCCURRE	D. 22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT	OT WHILE T	
23.		
I certify that I held an Inquiry Inspection		In my opinion
resulted from: Natural couses XX Accident Sui	cide Homicide Undetermined ma	inner 🔲
ACTUAL DE LA	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE A	A.D. ASSISTANT MEDICAL EXAMINER	DAIL SIGNED
EXAMINER'S NAME (Type) Isidore Mihalakis, M.	ASSOCIATE MEDICAL EXAMINER	2 /2 2 /
124A. BURIAL CREMATION. 124B. DATE 124C NAME of CEMETER		2/10/70 ly, town, or county) (State)
[REMOVAL (Specify)	ational Cem. Baltimore,	ly, town, or county) (Stote) Maryland
25A. DATE REC'D BY HEALTH-DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FEB 11 1970 76 E Jalle NA	MORTON & DYETT F.H.	1701 Laurens Street
VS 151-REV. 1/1/68	0 6 /	

Surface and April 1997 And the time and the restore . Care

24C. NAME of CEMETERY or CREMATORY

Mount Auburn Cemetery

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D. LOCATION

DYETT F.H.

Baltimore.

2/10/70

Maryland

1701 Laurens Street

(Stote)

(City, town, or county)

ADDRESS

EXAMINER'S

NAME (Type)

24A, BURIAL CREMATION,

26-DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/68

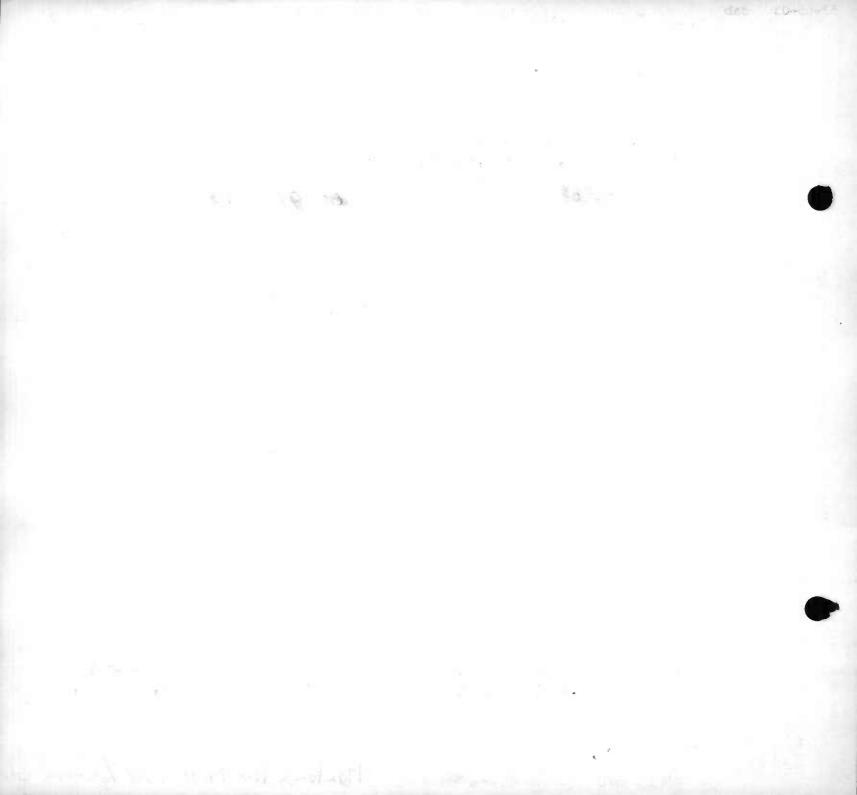
Isidore Mihalakis, M.D.

258. NAME OF REGISTRAR

24B. DATE

2-12-70

The first than the stand from the standing of Spanis enrupal (07) . Trans a normal



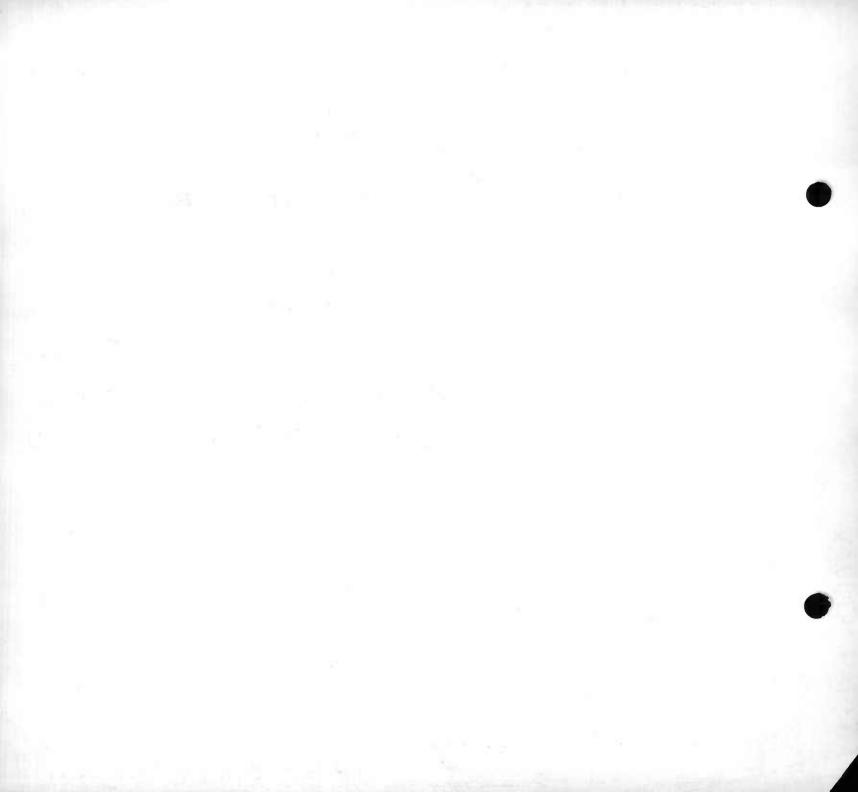
	A-620 70 1678 BALTIMORE CITY HEALTI	H DEPARTMENT 70 1678							
	BIRTH NO. CERTIFICATE C								
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
	(Type or Print) yers, SAVie	2-10-70 17:45 DM							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USU. A. STAT	AL RESIDENCE (Where deceased lived If institution; residence before admission)							
	HOSHTIAL OR ADDRESS OR LOCATION)	C. CHYOR TOWN							
	The Dulk port of home to	BALTIMON YEST NOT							
. 6	6 1 BA/timone my. # 1/2/6 8	E. STREET AND NUMBER 813 N. Apple Fund 5+							
mad	6. RACE N 7. MARRIED NEVER MARRIED 8. DATE	OF BIRTH 9. AGE (in years II Under 1 Yr. II Under 24 Hrs. Months; Days Haurs Min.							
	WIDOWED DIVORCED -	HPLACE (State or loreign country! 12. CITIZEN OF WHAT COUNTRY?							
ion	done during most of warking life, even if retired)	1511 / 1150							
1000	13. FATHER'S NAME	HER'S MAIDENNAME							
disp	George HC Duffy	Minnie Davis							
final disposition	15. Wos Decessed Ever in U. S. Armied Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	11/							
or fi		alkeland Nunsing Home - Diglidana							
	Over ter on containing the containin	BETWEEN ONSET AND DEATH							
baimed	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMME	CHON & BRONCHITIS 10 DAYS							
pa	trins does not meen the mode of dying, e.g., heeff leiture, asthenia, etc. It means the disease, injury at complication which caused death.)	NUENCE OF:							
8	ANTECEDENT CAUSES	2 2 6 2 2 2/							
are	DISEASES OR CONDITIONS, it env. giving DUE TO, OR AS A CONSE	QUENCE OF:							
ā	11								
ещ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
9	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A.	AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED							
before the remains	WAS PERFORMED 174. DATE OF OPERATION 175. CONDITION FOR WHICH OPERATION 20A. A	AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
efo	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about hame, form, fectory, street, effice bidg., etc.)	21 C. WHERE DID (If In Boltimore City, give exect location) 1NJURY OCCUR?							
		21F. HOW DID INJURY OCCUR?							
ained	While At Werk	211. NOW DID INJURI OCCUR?							
22. I certify that (I) (this begins) attended the decreed for									
that (1) (we) last saw the deceased olive on 2/7 19 70 and that in (my) (our) opinion death occu									
	and haur and from the causes stated above. (1) (Me) (did not) view the bady after death.								
must	23A. SIGNATURE Attending Med. Shoft C								
000	23C.PHYSICIAN'S 23D. ADDR	Director Phys. 7/10/70							
approval	NAME (Type) HEAN HARRIS, M.D. DEGREE 42	00 EDMONDSON AVE. 21229							
		24D. LOCATION (City, tewn, or ceunty) (Stotol							
written	BUCTO 2/13/20 Arbutus fum, Par PERPONIE RECOMMENDATE RESISTRAR 25C. F								
*	25C. F	content and Dente 1701 Laure							
1	VS 150-REV. 1/1/68	- I wow end							



IMPORTANT

DIRECTOR:

FUNERAL

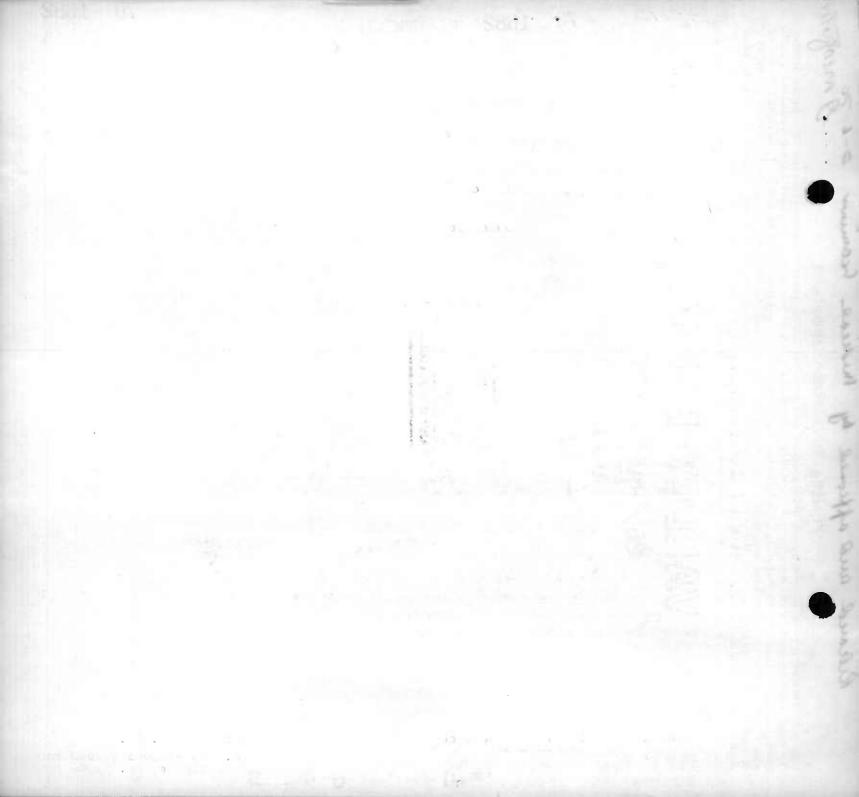


FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	any nature; (2) body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be appreted body was released to the	was D.O.A. at a hospital (ex	deceased prior to death); ar written approval must be obt

S-550 7	CERTIF	CATE OF DEATH REG. NO.	70 1681
1. NAME OF DECEASED	Simon	2. DATE AND HOUR OF DEA	ATH
3. PLACE IN BALTIMORE, MARYLAN		Feb. 6, 1970	1 10:45 р.м.
FULL NAME OF (IF NOT IN HI	OSPITAL OR INSTITUTION, GIVE STREET	A. STATE & COUNTY	2633
INSTITUTION		c. CITY OR TOWN Daltimore D.	INSIDE CITY LIMITS?
37 Mercy Hospit	al, Inc.	E. STREET AND NUMBER 3101 Kentucky Av	YES NO
5. SEX M 6. RACE W	7- MARRIED NEVER MARRIED WIDOWED DIVORCE	8. DATE OF BIRTH 9. AGE (in years lost birthday)	Il Under 1 Yt. If Under 24 Has. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of one during most of working life, even if ret	work 108, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Dep. Sheriff	Balto/ City	Kentucky	U.S.A.
3. FATHER'S NAME	1841007 0107	14. MOTHER'S MAIDEN NAME	0.00.
John E.	Simon	Matilda Young	
5. Was Deceased Ever in U. S. Arme Yes, no or unknown) (It yes, give wor or	d Farces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	212-30-47	23 Mrs. Betty Simon, Same	as # 4
18. / 5 / 1	CAUSE OF		APPROXIMATE INTERVAL
IThis does not meen the modheort failure, ostheria, etc. If minipry ar complication which can antecedent CAL DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION last	eans the disease, used death.) USES if any, giving (A) stating the L CONTRIBUTING TO THE TERMINAL	or as a consequence of: n c en of the Lungor as a consequence of: uncho premounts	16 ms
< ¡DISEASE OR CONDITION GIVEN IN	PART 1 (A). CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examined)	NG 218 PLACE OF INJURY home, form, factory, she	(e-g., In or obout 21 C. WHERE DID (It in Bolis office bidg., INJURY OCCUR?	imore City, give exect location)
21D-TIME (Month) (Doy) (Y OF INJURY (APPROX)	While At Not	While Wark	
22. I certify that (1) (this hos	pital) attended the deceased from,		19
that (1) (we) lost saw the dec	eased alive on		opinion deoth occurred on the dote
ond hour ond from the couses	stated obove. (1) (We) (dld) (dld n		
23A. SIGNATURE	1. Wenter Med DEGREE	Attending Med. Stoff Phys. Director Phys.	238 DATE SIGNED
23 C. PHYSICIANS NAME (Type) Steph	nen L. Winter ,M.D.	23D. ADDRESS Mercy Herr	Pol
4A. BURIAL CREMATION, 248. DAT	E 24C. NAME OF CEMETERY		(City, town, or county) (Stote)
Burial 2-10-		ll Cemetery Towson, Mary	rland 21204
EB 11 1970	- DESCRIPTION REGISTRAR	25C. FUNERAL DIRECTOR - TOWS	ADDRESS

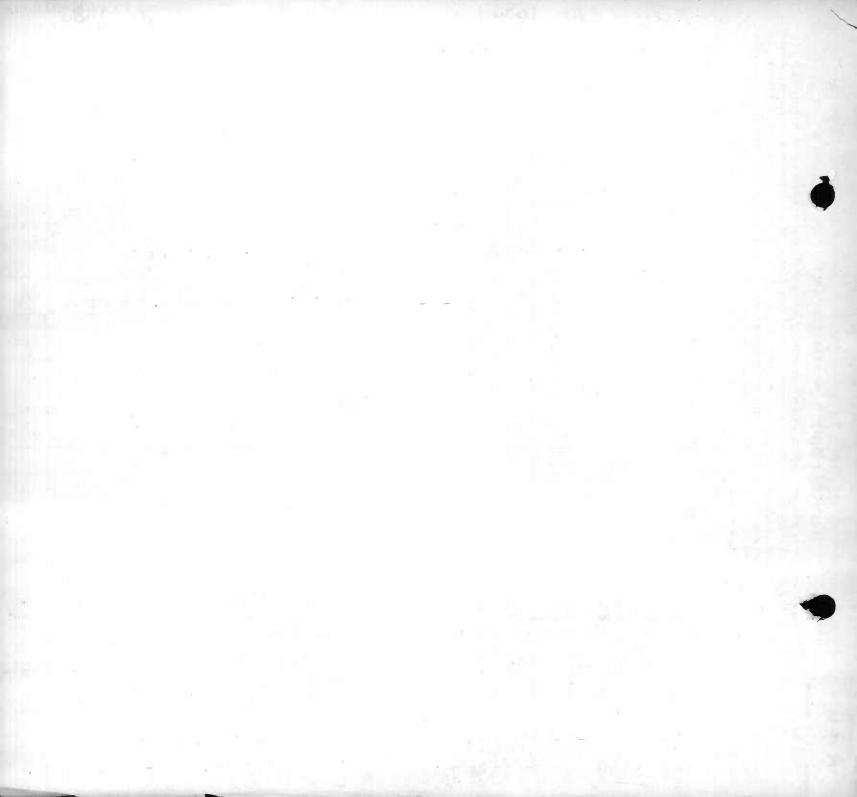


K		BIRT	-615 NO.	78	16	00		TE OF D		Registered Na.	70	1682
R	ond eath osed the Such	1. N.	CASE NO.	ASED					2. DATE AN	ID HOUR OF DEATH		
n	de de on on on s. S.		e or Print)	H IN BALTIMORE		BEULAH	Ρ.	TA HISHAL DE	FEBRU	PARY 6th, 19	70	6.00 A. M.
89	a hospit ause of e; (5) De ndance	F	ULL NAME OF		spital ar institu	tion, give street		C. CITY OR T	YLAND	re deceased lived. It is ITY tside city limits, write	0	2714
	ting cd caus	//	UNION	V MEH	ORIAL	HOSPI	TAL	D. STREET AD	DRESS (If	rural, give location)	4 D	
	ccurritipo mine gula sed mad	5. S	EMALE	WHITE	7. MAR WID WI	RIED, NEVER MA OWED, DIVORCE COWED	D (specify)	03 / 02		9. AGE (In years tost birthdoy) 83	If Under 1 Yr Months Doys	s If Under 24 Hrs. Hours Min.
}	con con ced			PATION (Give kind or orking life, even if ret		ID OF BUSINESS	OR INDUSTRY			ign country)		OUNTRY?
3	or nd de de itio		RETIR		Но	usewife			YLAND		U.S	. A.
ğ	woo woo	13.	ATHER'S NAM			1		14. MOTHER'S				
3 5	dire	15 1		FE PAR		1 6. SOCIA		LDA	PARK	2	ADD	DRESS
. 3	sta he leo leo nai	(Yes	, no or unknown)	(It yes, give wor o	dotes of sen		ITY NO.			LLY 145	MARBUT	H AVENUE
× ×	assiff the transfer of a		No 18. 4 (-7)	4		Z17-31	CAUSE O				INTER	RVAL BETWEEN
2 3	o, i o, i de nuce			OR CONDITION		25.55					ONSE	ET AND DEATH
\$ ≥	Als Als noun			EADING TO DE		E - 11	BR TO	ONCHO	PNEUM	ONIA		
3 %	er. ctu pro		heart failure, o	sthenia, etc. It n lication which co	neans the dis	easeki	3				40 0 000	
5	fra fra		A	NTECEDENT CA	USES	Example of the second	H AR	ERIDES	URROTIC	CARDIOVASCUL	AR YISEAJE	**************************************
REC	exar (3) A n wh in re		rise to the	R CONDITIONS, abave cause CONDITION las	(A) stating		ES.	gundrākā 40 00 00 00 00 00 HH HH HH		***************************************		######################################
0	cal ns; icia as			II		1	Æ		0)		
ZAL ZAL	mediper phys	ATION	TO THE DE	ATH BUT NOT	RELATED TO		AC	, () A	in The	till		
NE S	Body the pysicie	ERTIFIC	19A. DATE OF	OPERATION 198	CONDITION S PERFORMED	FOR WHICH OP	RATION	20 A. AUTO	PSY? (Yes at N	a) 20B. IF YES, WERI	FINDINGS CON AUSES OF DEAT	ISIDERED H?
25	al by (2) lere o ph	AL CE	21 A. ACCIDEN OR CONTRIBUT	T WAS UNDERLY	ING 🗌	etc.)	ctory, street, o	ffice bldg., INJU	JRY OCCUR?		are City, give exc	ic (looption)
3	by re;	EDIC/		(Manth) (Doy)	(Year) (Haur)	-110	CCURRED			JURY OCCUR?	ILEY 180	THO TO THE MENT OF THE PARTY OF
ano	hos natu d (6)	ME	OF INJURY (APPROX.)	1 24	70 11304	While At	Not Whi At Work	le 🔄 🛛 R	SHPPED	AND FELL	DOWN TO	FLOOR.
	he he and and and									19 70 to Fe		19 70 ,
3	of o		that (I) (we)	last saw the de	ceased alive	an FEBR	VARY 6	th 19 20	and tl	hat in (my) (aur) a	pinian death ac	ccurred on the date
3	m — · · ·		and haur and	from the cause	s stated aba	ive. (I) (We) (di	d) (did nat)	view the bady	after death.		238, DATE SIG	GNED
2	d d		23A. SIGNATO	/	Calm	N.	M.D. Att	ending	Med. Director	Statt Phys.	2/6	
2	1 - 0		23 C. PHYSICIAT	N'S			1,	23D. ADDRESS				
	certificate m sody was rel vs. (1) An acc D.O.A. at a l ased prior to			J.	CABRER	2A	M.D.	UNI		MORIAL H		
	F 20 0 0 C	24/	REMOVAL (S	AATION, 248. DA		24C. NAME of CE		EMATORY			City, town, or ca	
		254	Burial	BY HEALTH DEPT	770	Prospect	Hill	25C. FUN		Towson Balt RWm. Cook-H		
	This the shov was dece		FEB 11	1370 060	Les E. Jo	OF ATSISTR	0	1050	York Ro	ad Baltimo	ce, Md. 2	1204
		VS	150-REV. 1/1/6	5		7 7 0	And In	1). ()	0 .	2		

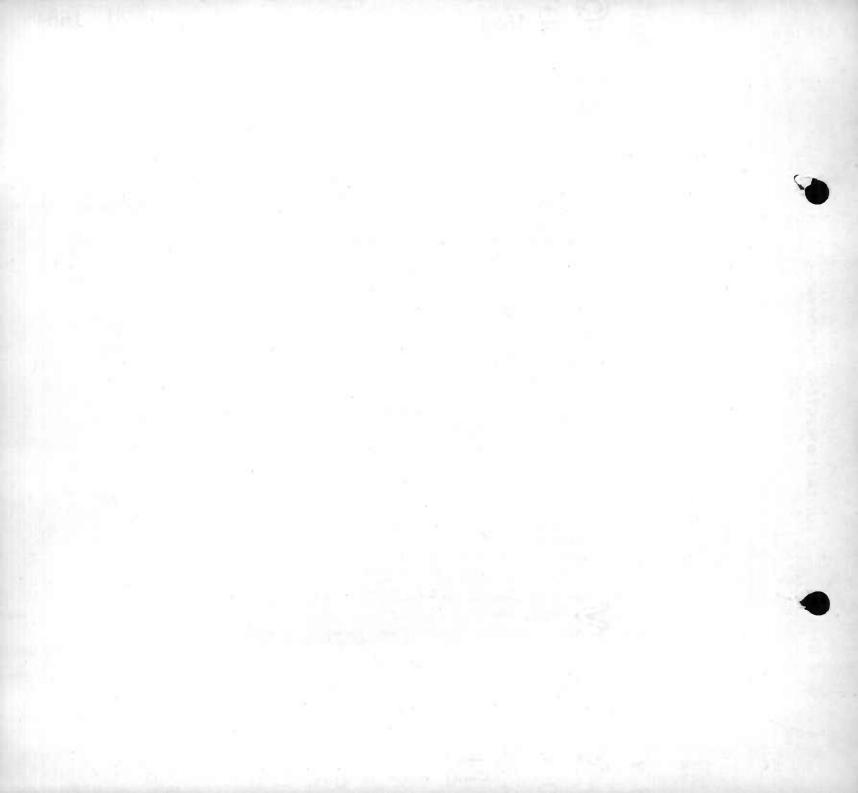


IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES A NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? Anna Marie Staline ADDRESS Mrs Lillie Bedford 301 S. Ann Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MONIA- LOBAR 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)and that in(my) (aur) apinlan death occurred an the date 238, DATE SIGNED (City, town, or county) Baltimore, Maryland ADDRESS Lilly, & Zeiler Inc. 1901-07 Eastern Ave. VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68



IMPORTANT

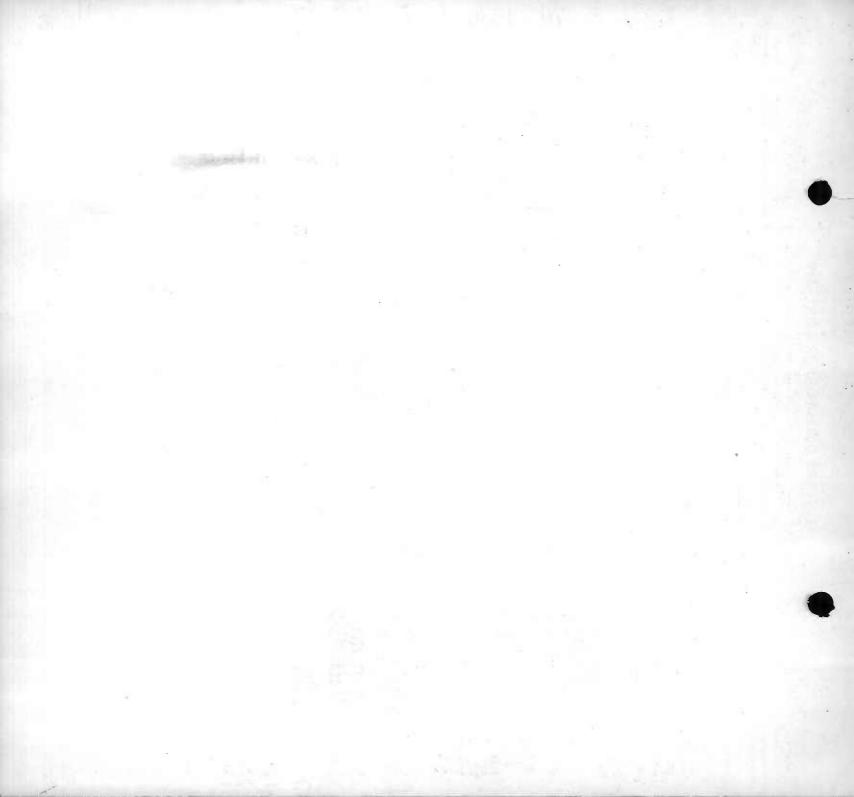
DIRECTOR:

FUNERAL

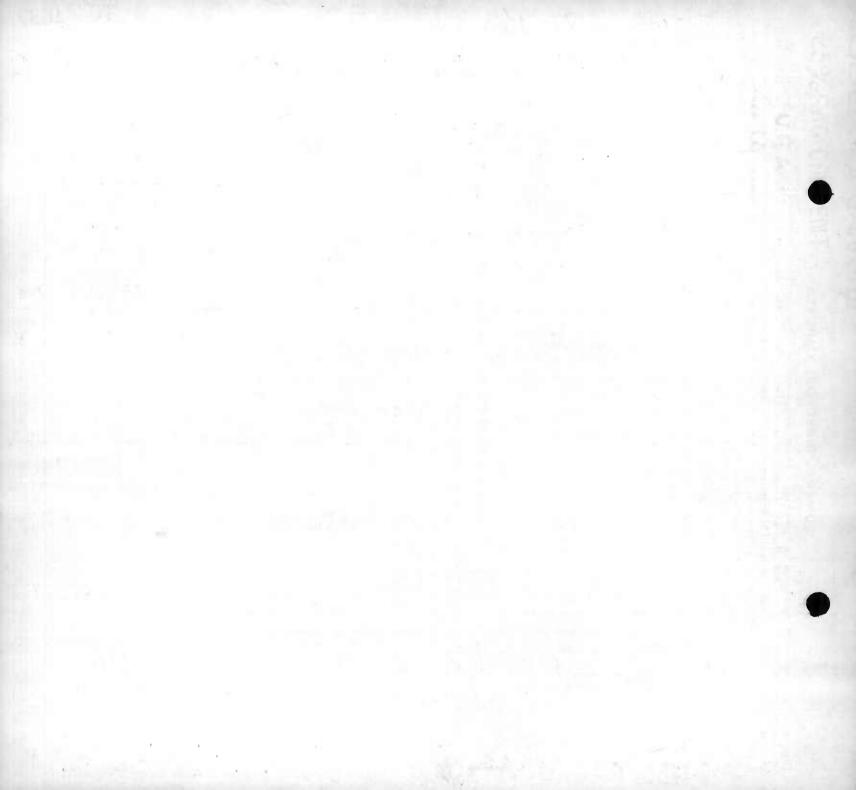
VS 150-REV. 1/1/68

	a hospital and cause of death ise; (5) Deceased endance on the to death. Such
	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
OR: IMPORTANI	iner or his assistant ner. Also, if the dir acture of any kind; pronounced death ilar attendance on nbalmed or final di
FUNERAL DIRECTOR: IMPORTANT	chief medical examiry a medical examir Body burns; (3) A fro the physician who sysician was in regu-
3	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death, written approval must b

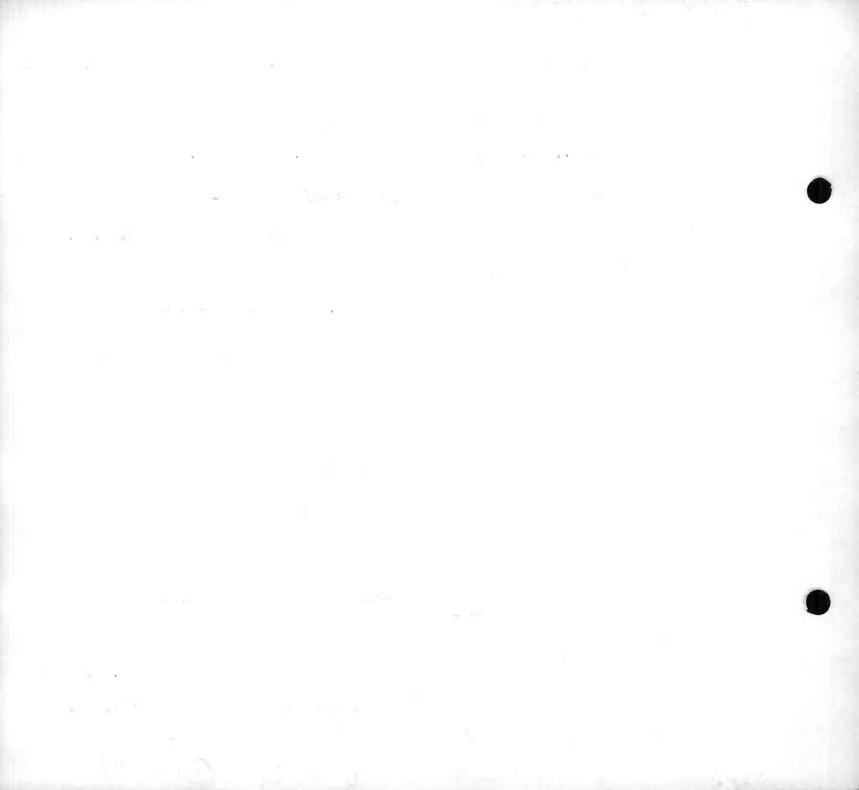
M-624 70 11			
BIKIH NO.	686 CERTIFICA	TE OF DEATH REG. NO.	70 1686
1. NAME OF DECEASED (Type or Print) MORSELL FR	REE LAND.	2. Date and Hour of Death $2 - 10 - 19$	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where deceosed lived. If i	
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION LUTHERAN HO-	SPITAL	MARYLAND	SIDE CITY LIMITS?
730 ASHBURTON ST.	212/6.	E. STREET AND NUMBER 1617 WESTWOOD	AVENUE,
	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Days Hours Min.
A a i O a i a i a i a i a i a i a i a i a	OWED DIVORCED	12-20-1889 ast birthday)	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10 B. KIN			12. CITIZEN OF WHAT COUNT
done during most of working life, even if retired)		AA:	11.0
RETIRED		IVId.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
S. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, na or unknown) (If yes, give war or dates of ser	44	111 // //	1000 0 1
NO	217-01-19331	MOZEL Hollomon-	1805 Hesstma
18.	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	CAMPANEDIATE CAL	JSE! Briliary Papergula	6- 3
(This daes not mean the made of dying,	e.g., DUF TO OR AS	A CONSEQUENCE OF	rvs
heart failure, asthenia, etc. It means the dis	sease,	A CONSEQUENCE OF	
injury ar camplication which caused death.)			
ANTECEDENT CAUSES	(R)	C .	
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating			
UNDERLYING CONDITION last.	(C)		
11	02		
7		4 6 4	
O THER SIGNIFICANT CONDITIONS CONTRIBU	TING Leve	sed delilities & Bralm.	4.4
TO THE DEATH BUT NOT RELATED TO THE TERM IN DISEASE OR CONDITION GIVEN IN PART 1 (A).	TING LUCE	red Debility & Gral me.	hiho-
TO THE DEATH BUT NOT RELATED TO THE TERM IN DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE	FINDINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OF CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	7	FINDINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour)	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.) 21E. INJURY OCCURRED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA in or about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED LUSES OF DEATH?
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.) 21E. INJURY OCCURRED While At	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA in or about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH?
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. 1 certify that (1) (this hospital) otten	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work Added the deceased from	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA in or about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact lacation)
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. 1 certify that (1) (this hospital) otten that (1) (we) lost saw the deceased alive	21B. PLACE OF INJURY (e.g., into home, form, foctory, street, onetc.) 21E. INJURY OCCURRED While At Not While At Work Indeed the deceased from	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA in or about 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact lacation)
10 THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. 1 certify that (1) (this haspital) otten that (1) (we) lost saw the deceased alive and hour and fram the causes stated about	21B. PLACE OF INJURY (e.g., into home, form, foctory, street, onetc.) 21E. INJURY OCCURRED While At Not While At Work Indeed the deceased from	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA in or about 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact lacation)
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. 1 certify that (1) (this hospital) otten that (1) (we) lost saw the deceased alive	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram e on ve. (1) (We) (did) (did not)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA IN Or about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 Inion death accurred an the death accurred accurr
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. 1 certify that (1) (this haspital) attent that (1) (we) lost saw the deceased alive and hour and from the causes stated about	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram e on ve. (1) (We) (did) (did not)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA IN Or about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 Inion death accurred an the death accurred accurr
10 THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. 1 certify that (1) (this hospital) attent that (1) (we) lost saw the deceased alive and hour and fram the causes stated about 23A. SIGNATURE	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram e on ve. (1) (We) (did) (did not)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA IN Or about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 Inion death accurred an the death accurred accurr
10 THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. 1 certify that (1) (this haspital) otten that (1) (we) lost saw the deceased alive and hour and fram the causes stated about	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work At Work	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA IN Or about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 ta	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 Inion death accurred an the death accurred accurr
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (A PPROX.) 22. 1 certify that (1) (this hospital) attent that (1) (we) lost saw the deceased alive and hour and fram the causes stated about 23A. SIGNATURE	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work At Work	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA IN Or about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 ta	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 Inion death accurred an the death accurred accurred an the death accurred an the death accurred accurred an the death accurred accurred an the death accurred
10 THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 198. CONDITION WAS PERFORMED OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) attent that (1) (we) lost saw the deceased alive and hour and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PREM CALL 24A. BURIAL CREMATION, 124B, DATE 12	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work At Work	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA IN Or about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 ta	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 Inion death accurred an the death accurred accurred an the death accurred an the death accurred accurred an the death accurred accurred an the death accurred
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) (A PPROX.) 22. 1 certify that (1) (this hospital) attent that (1) (we) lost saw the deceased alive and hour and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PREM LA	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o etc.) 21E. INJURY OCCURED While At Not While At Work Ided the deceased fram Live. (1) (We) (did) (did not) A. B. GREE AHR	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA In or about 21 C. WHERE DID (If In Baltima 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 ta 19 and that in(my) (aur) ap riew the bady after death. 23 D. ADDRESS LUTHERAN HOS 73 CASHBUR FON ST BAR EMATORY 24 D. LOCATION	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact lacation) 19 Inlon death accurred an the da 23B. DATE SIGNED PITAL CITIM CRC PAD City, town, or county) (State)
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) attental (!) (we) lost saw the deceased alive ond hour and fram the causes stated aba 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PREM 24A. BURIAL CREMATION, 124B. DATE 124A. BURIAL CREMATION, 124B. DATE	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o etc.) 21E. INJURY OCCURED While At Not While At Work Ided the deceased fram Live. (1) (We) (did) (did not) A. B. GREE AHR	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA In or about 21 C. WHERE DID (If In Baltima 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 ta 19 and that in(my) (aur) ap riew the bady after death. 23 D. ADDRESS LUTHERAN HOS 73 CASHBUR FON ST BAR EMATORY 24 D. LOCATION	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact lacation) 19 Inlon death accurred an the da 23B. DATE SIGNED PITAL CITIM CRC PAD City, town, or county) (State)
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) attental (!) (we) lost saw the deceased alive ond hour and fram the causes stated aba 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PREM 24A. BURIAL CREMATION, 124B. DATE 124A. BURIAL CREMATION, 124B. DATE	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o etc.) 21E. INJURY OCCURED While At Not While At Work Ided the deceased fram Live. (1) (We) (did) (did not) A. B. GREE AHR	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA In or about 21 C. WHERE DID (If In Baltima 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 ta 19 and that in(my) (aur) ap riew the bady after death. 23 D. ADDRESS LUTHERAN HOS 73 CASHBUR FON ST BAR EMATORY 24 D. LOCATION	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact lacation) 19 Inlon death accurred an the da 23B. DATE SIGNED PITAL CITIM CRC PAD City, town, or county) (State)
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) attention that (1) (we) lost saw the deceased alive and hour and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PREM 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 2-14-70	21B. PLACE OF INJURY (e.g., into the home, form, foctory, street, onetc.) 21E. INJURY OCCURRED While At Not While At Work Indeed the deceased from the control of the home of CEMETERY of CRITICAL AND	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA In or about 21 C. WHERE DID (If In Baltima 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 ta 19 and that in(my) (aur) ap riew the bady after death. 23 D. ADDRESS 23 D. ADDRESS 24 F. W. T. F.	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact lacation) 19 Inlon death accurred an the da 23B. DATE SIGNED PITAL CITIM CRC P.D City, town, or county) (State)
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) attention that (1) (we) lost saw the deceased alive and hour and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PREMOVAL (Specify) 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE	21B. PLACE OF INJURY (e.g., into the home, form, foctory, street, onetc.) 21E. INJURY OCCURRED While At Not While At Work Indeed the deceased from the control of the home of CEMETERY of CRITICAL AND	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA In or about 21 C. WHERE DID (If In Baltima 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 ta 19 and that in(my) (aur) ap riew the bady after death. 23 D. ADDRESS LUTHERAN HOS 73 CASHBUR FON ST BAR EMATORY 24 D. LOCATION	FINDINGS CONSIDERED FINDINGS CONSIDERED LUSES OF DEATH? THE CIty, give exact location) 19 Inlon death accurred an the dividence of the di



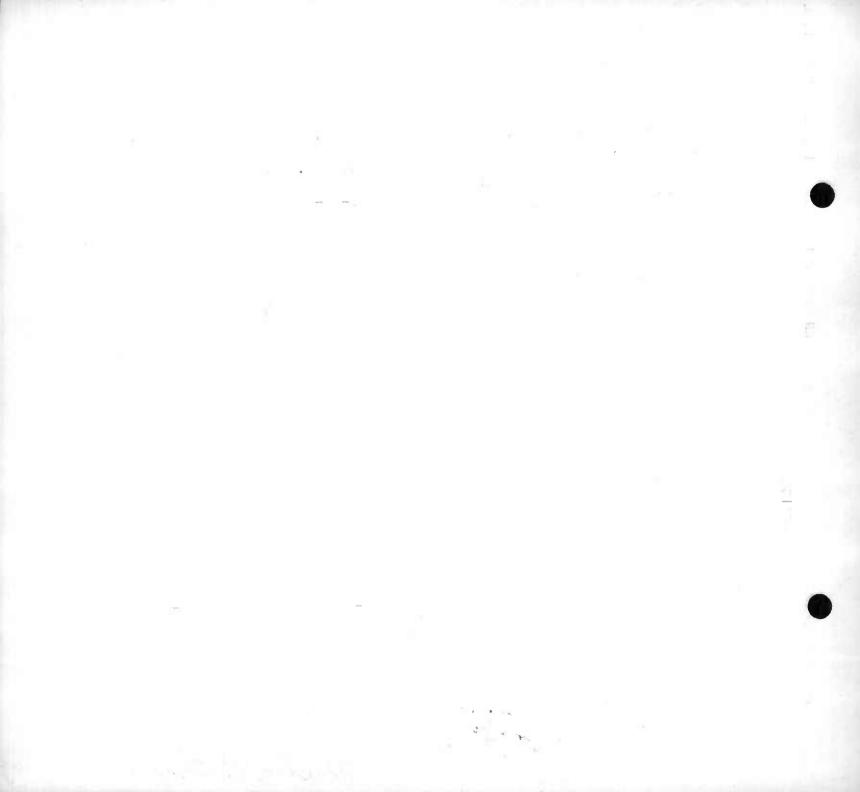
BALTIMORE CITY HEALTH DEPARTMENT



150-REV. 1/1/68

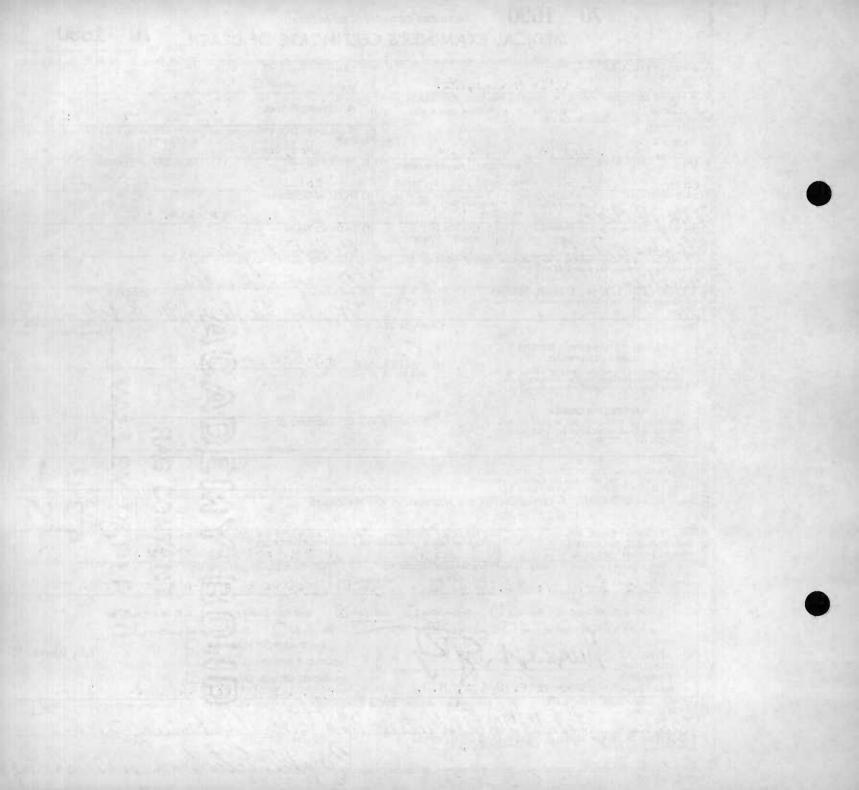


C 120 1000	BALTIMORE CITY H	EALTH DEPARTMENT		70 1689
G-650 70 1689		E OF DEATH	REG. NO	70 1689
1. NAME OF DECEASED			D HOUR OF DEATH	
MARY GRAHAM			8/70	1.1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	USUAL RESIDENCE (When	e deceased lived. If insti	tution: rosidence before admission
FULL NAME OF UE NOT IN HOSPITAL OR INSTITU		A. STATE B. COUN	TY	er 1 15
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	IION, GIVE STREET	CITY OR TOWN	To 101010	800
THE JOHNS HOPKINS HOSPITAL				CITY LIMITS?
BALTIMORE, MD 21205		BALTIMORE STREET AND NUMBER		ES NO
			011	
5. SEX 6. RACE 7. MARRIED 7	NEVER MARRIED B.	1716 N. MILT		If Under 1 Yr. If Under 24 Har
FEMALE NEGRO WIDOWED	DIVORCED	07 09 07	ost birthday	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY 11.	03-08-03 BIRTHPLACE (Stote or foreign	on country)	12. CITIZEN OF WHAT COUNTR
done during most of working life, even if retired)		CA	-6	THE STATE OF WAY! COOKIK
13. FAIHER'S NAME	14	D.C.		
elf of olf	140	MOTHER'S MAIDEN NAM)	2 1
Horge Jagar		Cella 19	103c 18	wille!
15. Was Deceased Ever in U. S. Almed Forces? (Yes, no or unknown) (If yes, give wor ar dotes of service)	6. SOCIAL 17.	INFORMANT	9	ADDRESS
Market Street Committee Co		TOHILAMEN	Heeling	1711. M.11.1
18.412.2	CAUSE OF DEATH	1 State of the	Janam	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		and the same of th		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUSE	H ASCID		10 was
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the discose,	DUE TO, OR AS A CO	ONSEQUENCE OF:		- Just
injury or camplication which coused deoth.)				
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, il ony, giving	DUE TO, OR AS A C	ONSEQUENCE OF:	*********	*******
rise to the obove couse (A) stating the UNDERLYING CONDITION last.	(c)			
	(C/	***************************************		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	**************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	TICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINE	DINGS CONSIDERED
E D WAS TENTONIED		NO	IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g., In or lorm, foctory, street, office	obout 21 C. WHERE DID	(If In Boltimore Ci	ity, give exoct location)
IDEATH (notify medical examinat) [etc.)	,, sured outpe	- John Octor		
Q 21D-TIME (Month) (Doy) (Yeor) (Houd) 21E IP	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While Work	At Work		177	
22. I certify that (this hospital) attended the				
		19	70 10 2-8	19.70
that (i) (we) last saw the deceased alive an		and that	in (my) apiniar	death occurred on the date
and have and from the causes stated above. (1)	(dld) (did) view	the bady after death.		
23A. SIGNATURE			231	R DATE SIGNED
K. Slame	Attending Phys.	g Med. Si	half hys.	z/8/70
23C. PHYSICIAN'S NAME (Type)		ADDRESS	7.7	1 1
14 4 5 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C. 157 457	THE LOUIS	04144	
24A. BURIAL CREMATION, 24B, DATE 1 24C. NAM	AÉ el CEMETERY el CREMAT	THE JOHNS HO	PKINS HOSPI	
REMOVAL (Specify)	101	10 411	City, to	own, or county) (Stole)
25A. DATE REC'D BY HEACTH DEPT	MUMMUM	am. W	export	mes
FFB 1 2 19/1 Robert E. Marge	REPORTER	25C. FUNERAL SHECTOR	S [1].	ADDRESS
	50.00 U	almaton	C. Cuch	Ban
VS 150-PEV 1/1/68				

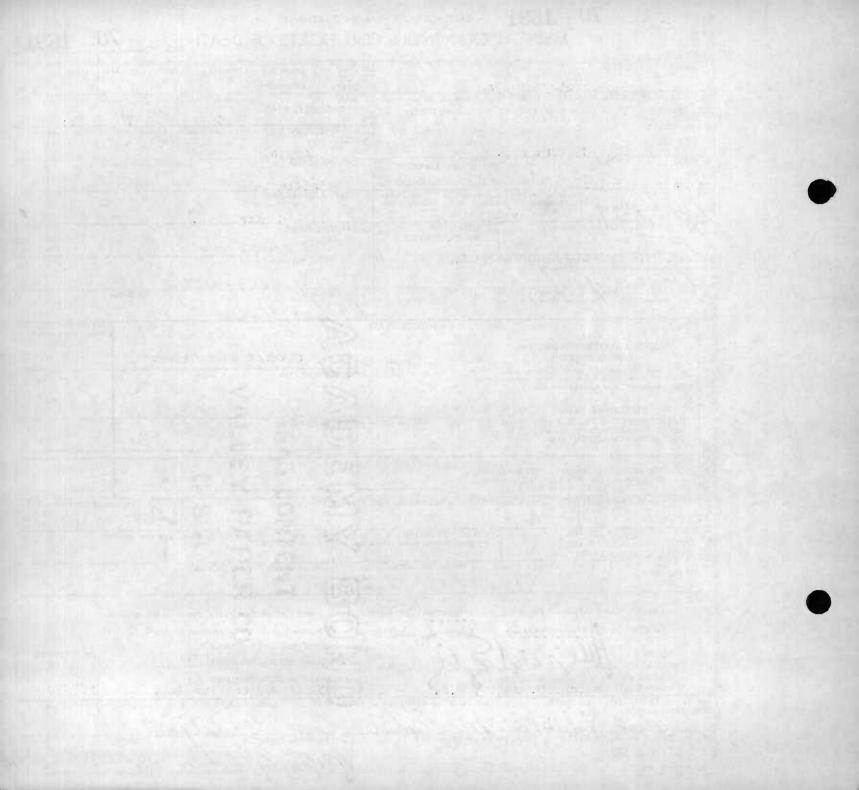


VS 151-REV. 1/1/68

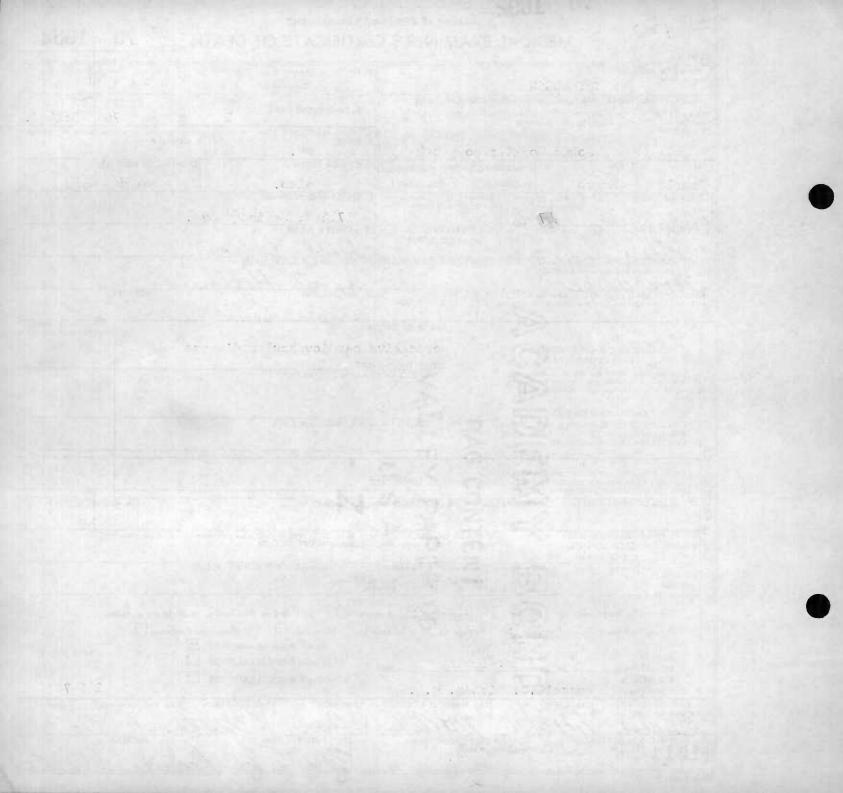
1	M-466	, 70			BALTIMORE CITY HE			DEATI	H	- million	690	
BIF	RTH NO.								REG. NO			
1. NAME OF DECEASED							Known 🔼	Month	Day	Yeor	Hnur	
(Type or Print) Willie Miller, Jr.						2. DATE OF	Estimoted	1	20,		1	
-	DI ACE INI DAI	TIMORE MA	MITITE	MILLIE	L, JI.	DEATH	Estimoted 🔲		WI .			М.
					IOUNCED DEAD	3. DATE	UNICED DEAD	Month	Doy	Yeor	Hour	
HO	L NAME OF SPITAL	(IF NO	IT IN HOSPITA ESS OR LOCAT	TOR INSTITU	TION, GIVE STREET	PRONO	UNCED DEAD	2	7	70	7:26	D
OR	NOITUTITZMI	ADD III	LUS ON LOCA	lioty		5. USUAL R	ESIDENCE (Where	decensed liv	ed If institution	nn: residence h	efore odmice	ion)
	22		100			A. STATE			B. COUNTY	(7/1/	1
	2	Jol	hns Hop	kins H	ospital		Maryland			7	111	
6.	SEX	7. RACE		B. MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS?		
	1-	0-1-		WIDOWED			Pal+imana					
	nale	colo:					Baltimore			YES 🔲	ио Ц	
7. 6	DATE OF BIKT	Н	10. AGE (In		Under 1 Yr. If Under 24 Hrs. oths: Doys Hours Min.	E. SIREEL	AND NUMBER					
	may	1435		34			1915 E. F	ederal	Ave.	7		
11.	BIRTHPLACE	tote or foreig	n country)		CITIZEN OF	13. FATHER		- Carona	ALCO C	17		
	D114.	2	1		WHAT COUNTRY?	111	in! you	11				
	Wille	W/1	16,			WA	le //h	eller				
14A	USUAL OCCU	PATION (Giv	e kind of work 1	48. KIND OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME ,				
1011	during most of v		en irrefired)			m	14.10	m 11	1			
14	WAS DECEAS	MU.	ILC ARAED	FORCECT	ILZ COCIAL	110 101500	ry XIA	muce	2			
(Yes	, no or unknown	(If yes, give v	wor or dotes	f service)	17. SOCIAL SECURITY NO.	IB. INFOR	MAIN!	1		ADDRESS	1	~
-	MA					m	14ed Sla	. Pasi	1915	& TIA	and.	1
	19.	E DE PER			CAUSE OF DEA	TH	700	gran o	,,,,	API	PROXIMATE INT	ERVAL
	2 8	Face	}					/		BETW	EEN ONSET AN	D DEATH
	DISEAS	E OR COND	ITION DIREC	TLY			•					
		LEADING TO	DEATH		(A)IMMEDIATE C	AUSE MU	ltiple in	iuries		22.0		
	(This does n	ot meon the	mode of dyf	ng, e.g.,		AS A CONSEC						
			. It meons the ch coused dec									
				,						A 50 X		
	1A	NTECEDENT	CAUSES		(0)					450		
	DISEASES	OR CONDITIO	ONS, IF ANY,	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	ABOVE CA	USE (A) STATI	ING THE								
2	UNDERLYIN	1G CONDITI	ION LAST.		(c)							
CERTIFICATION			11									
[₹	OTHER SIGN	IFICANT CON	IDITIONS CO	NTRIBUTING	,							
의	TO THE DEA	ATH BUT NOT	RELATED TO 1	THE TERMINA								
			GIVEN IN PA		************							
統	ZUA. DATE OF	OPERATION	4 208. CON	DITION FOR	WHICH OPERATION WA	AS PERFORM	IED			21. AUTO	PSY? (Yes or	No)
0	3)									177	0.5	
7	22A. EXTERI	NAL CAUSE	WAS	122B	PLACE OF INJURY (e.g.,	in or chout 2	2C. WHERE DID /	If In Rollimore	Clty change	oct location)	es	
EDIC	UNDERLYING			hom	e, form, foctory, street, office	bldg., etc.) II	AJURY OCCUR?				00	
	UTING CA		TH.		street		20th and	Aisqu:	ith Sts	5.	18	
Σ	OF INJURY	(Month) (D	oy) (Yeor)	(Hour)	22E.INJURY OCCURRED	2	2F. HOW DID IN.	JURY OCCU	R?			
	(APPROX.)	0 7	70 7.0	00 -	WHILE AT NOT	WHILE	driver i	n auto	-auto c	ollici.	on	
	23.	2 1	70 7:0	00 p.m.	WORK LAT W	ORK &	dilvei 1	n auto.	-auto c	OTITION	OII	
				. \Box								
	I cert	ity that I h	eld an In		-	tapsy X	and that on th	is basis, a	leath in my	apinian		
	result	ed fram: ,N	atural caus	es 🗌 🛚 A	coldent Suicid	en ☐ Ho	omicide 🔲 🔝	Jndetermin	ed manner			
		11		, -	(ne)	,	CHIEF MEDICAL E		7	7		
	ACTUAL	1/1	Ulsne	1	JUH,				7		DATE SIGN	ED
	SIGNATU	JRE	300	201	M.D	. ASSI	STANT MEDICAL E	XAMINER L				
	EXAMINI	ER'S			1 7		CIATE MEDICAL E	XAMINER				
	NAME (T	ype)	Werner	U. Spi	tz, M.D.		Chief Me		Ex a mine	er	2/8/70	
	BURIAL CREA	MATION, 2	4B. DATE		C. NAME of CEMETERY	or CREMATO		LOCATION		n, or county)	(State	1
	NOVAL (Specif		1.11	1/0	0.11	SM	1		/ City, 10w	, 0. 200119)	(21016	,
	191111	40 -	Let, 11	13/1	ARMITINA	//len	lash	(11h	utino	2) 2	2 0	
2SA	TAU RECED	BN HEALTH	DEPT. 6 E	2500 NAM	OF REGISTRAR	25C. I	UNERAL DIRECTO	OR		ADDRESS		
	1 -0 79	אום .	10-6-	A Annahampi	4 44	12	11	11	Y		4.0	A A
					T. 1/4	1/	U . 1.U, 3	r. /	100	1100	11/0	-



VS 151-REV. 1/1/68



1	7-450)	MFI		BALT	MORE CITY H			E DEA	ты	70	169	2
BIR	TH NO.		7712	J 1 C / 12		VIII YER O	CLICITI	CAIL	I DLA	IH REG. NO	-	3.00	
	NAME OF DEC	CEASED					2. DATE	Known 🔲	Month	Day	Year	Hour	
(Typ	e or Print)	DOROT	HY ALL	EN			OF	Estimoted					
4. 1	LACE IN BAI				RONOUNCI	D DEAD	3. DATE		Month	· Doy	Yeor	Hour	<u>M.</u>
FUL HO:	L NAME OF SPITAL INSTITUTION	(IF N		TAL OR INS	ที่เบทีเอห, GI		PRONC	UNCED DEAD	2	8 lived, If institution	70	3:24	791.
	33		Johns	Hopkir	s Hosp	oital	A. STATE	Md.	iere decebsed	B. COUNTY	(/	05	sionj
6. 5	EX	7. RACE		B. MARR	IED X NEV	ER MARRIED	C. CITY O	NWOT		D. INSIDE C	ITY LIMITS?		
F	ema1e	Neg	ro	WIDOV	VED 🗌	DIVORCED		Balto.			ES X	NO 🗆	
7	NATE OF BIRT	922	10. AGE lost birthd	In years av) 47	Months Do	r. If Under 24 Hrs ys Hours Min.	171	AND NUMBER 4 N. Reg	Lien	21.		NO LI	
11.	BIRTHPYACE	Hote or fore	ign country)		WHAT	OUNTRY?	13. FATHER	ch f	Ricker	~			
14A	USUAL OCCU	PATION (G	ve kind of wor	148. KINE	OF BUSIN	ESS OR INDUSTR	Y 13. MOTH	R'S MAIDEN N	IAME	, ,			
	Hrus	Lewis	la.				KA	nie 1	Harts	uld			
(Yes	WAS DECEAS	(il yes, give	wor or dote:	D FORCES) 17. SC	CURITY NO.	18. (NFOR	MANT	Tolk.	Who	DDRESS	. +	Ox
-	19.		1 0	-	63	CAUSE OF DEA	LLLI	MANU C	iku,	0//19	- Lac	PPROXIMATE IN	TERVAL
	410		Y ox	201		CAUSE OF DEA					BETV	VEEN ONSET A	HTA3D DE
			DITION DIR	ECTLY	Hy	pertensi	ve card	iovascul	ar dise	ase			
	4	LEADING T				(A)IMMEDIATE	CAUSE						
	(This does n	ot mean the , osthenio, é	c. It means th	ylng, e.g., e diseose.		DUE TO, OR	AS A CONSE	UENCE OF:					
	injury or con	plication wh	ich coused de	oth.)									
		ITECEDEN	CAUCEC										
		NTECEDEN	IONS, IF AN	V CIVING		(B)	AS A CONSE	OUENCE OF					
	RISE TO THE	ABOVE C	LUSE (A) ST	ATING THE		DOE 10, OK	W2 W CO1425	GOENCE OF:					
2	UNDERLYIN	IG CONDI	TION LAST.			(c)							
은			11										
CERTIFICATION	TO THE DEA	ATH BUT NO	T RELATED TO	THE TERM	ING INAL	Diabet	ıs						
FRT	20A. DATE OF	OPERATIO	N 208. CO	NDITION	FOR WHICH	OPERATION W	AS PERFORI	MED			21. AUTO	PSY? (Yes o	r No)
Ö	5												
EDICAL	UNDERLYING		TRIB-		22B. PLACE home, lorm,	OF INJURY(e.g. foctory, street, olfi	in or obout e bldg., eic.)	22C. WHERE DI	D (II In Boltim	ore City, give ex	oct location)	no	
	UTING L CA		Doy) (Yes	r) (Hou	1 22F INT	URY OCCURRED		2F. HOW DID	INITIDY OC	~1102			
	OF INJURY (APPROX.)			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	m. WHILE AT	D NO	WHILE D		mooki oc	- OKI			
	23. I cert	ify that I	reid on	Inquiry		ection 🗵 Au		and that or	this basis	, death in my	aninton	77	
			Natural ca		Acciden			omicide 🔲					
	10201	ed troins	1010101 00	0363 [23	Acciden	30161				ined monner			
	ACTUAL		17	1/	17			CHIEF MEDICA		=		DATE SIGN	ED
	SIGNATI	JRE	101	1 and	han	M.I	ASS	STANT MEDICA	LEXAMINER				
	EXAMIN NAME (T		Russel	I.S. F	isher.	мъ	ASSO	CIATE MEDICA	L EXAMINER		2	-9-70	
244	BURIAL CREA		248. DATE	/		AE of CEMETERY	OF CREMATO	DRY 124	D. LOCATIO	N (C)			_
REA	AOVAL (Speci	y) 0	81.	las	Con	OLD 1	UI CKLINATI	, 24	S. LOCALIO	(City, tow	n, or county	(Stot	1
_/	Junis	el ;	11/3	170	1/10	Mushe	EN CE	m/.	Uly	16.00	1.	ma	
25 A	DATE REC'D	ву неацн	DEPT.	258/N	AME OF RE	GISTRAR	25 C.	FUNERAL DIRE	CIOR	11, 1	DDRESS		
F	EB13 T	J/U V	west C	Autos	A 10th		12	u.M.	Toll	1	1-19	nA	01.
110	51 DEV 1/2/46				7 (-0-	1	ull.	Muen	ern//	2711	· don	weby



25C. FUNERAL DIRECTOR

ADDRESS

25A, DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

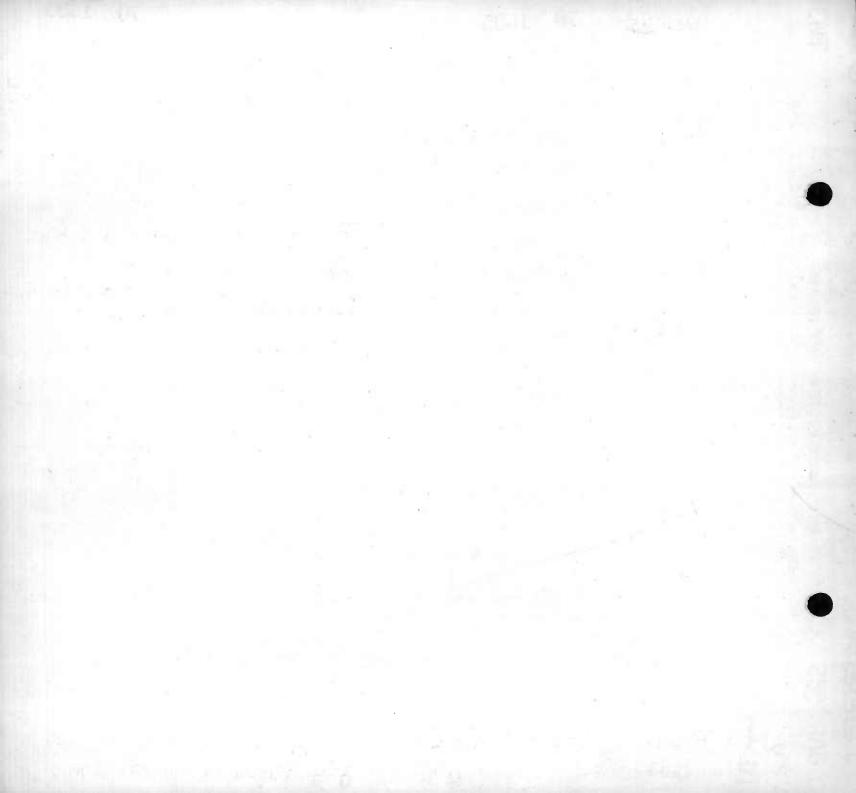
258. NAME OF REGISTRAR

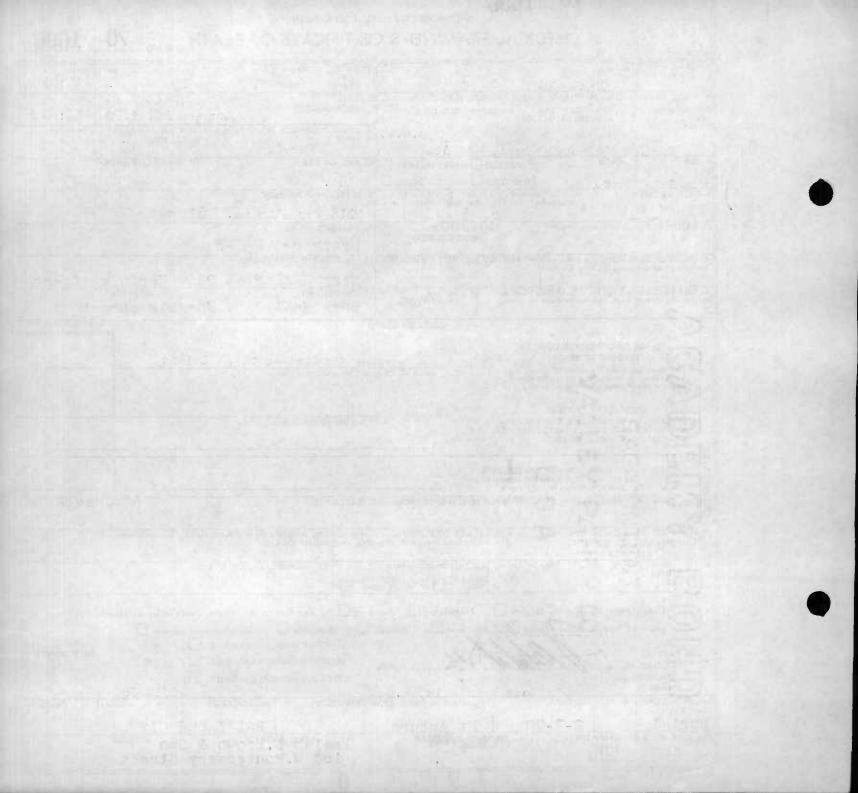
S-610 70 1694 CEPTIFICA	Y HEALTH DEPARTMENT	0 1694
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO	
Type or Print) MHBEL SHARP	2. DATE AND HOUR OF DEATH	1 745 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution A. STATE B. COUNTY	nt residence before admission
FULL NAME OF HIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND, BALTIMORE CITY C. CITY OR TOWN	0.11
JOHNS HOPKINS HOSPITAL	BALTIMURE YES	
33	E. STREET AND NUMBER 213 NI SPRING COURS	
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	2/10/90 7/	Inder 1 Yr. If Under 24 Hrs. Hours Min.
OA. USUAL O CCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if refired)	7 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY
3. EATHER'S NAME	14. MOTHER'S MAIDEN NAME	
5. Wos Deceased Ever in O. S. Armed Farcas? (es, no or unknown) Ul yes, give war ar dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO SECORIT NO.	PATIENT'S CEMPET (THH 4 15	5185)
18-3 9 7 9 1 CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CHE	Me zo yours
This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	USE CATTO	and - 0 10 462
heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	
	tic valvulou disasse	Levyenzes
DISEASES OR CONDITIONS, it only, giving Due to, OR AS	S A CONSEQUENCE OF:	1010
rise to the above cause (A) stating the		
UNDERLYING CONDITION last, (C)	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	UNL PRRITABILIM	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes 120A- AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDIN IN CERTIFYING CAUSES OF	GS CONSIDERED OF DEATH?
OR CONTRIBUTION OF CALLER OF	In or about 21 C. WHERE DID (If in Salimore City, injury occur?	give exact location)
DEATH (notify medical examined) 2 1D. TIME (Month) (Doy) (Yeor) (Hour) 21D. TIME (Month) (Doy) (Yeor) White As Not White	21F. HOW DID INJURY OCCUR?	
Mhita At Not Whit		
22. I certify that (i) (this hospital) attended the deceased from	19 to	19
that (i) (we) lost sow the deceased alive on		
and hour and from the causes stated above. (1) (We) (did) (did not)		
23A. SIGNATURE T	23 B, C	DATE SIGNED
DEGREE Phy	ending Med. Staff ps. Director Phys.	219/10
NAME (Type) THOMAS S. INUI	^{23D.} ADDRESS The Johns Hopkins Hospita	1
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMETERY OF		n, or founty) (Slote)
Dunal 4/470 (PANISA Y) PA	m Pack. Laurel M	il.
5A. OATE REG'D BY HEALTH DEPT. TEST NAME OF TEGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
FEB 13 19/1 Valent & Valory 1200 0	of president //o	29 n. Caulin
\$ 150-REV. 1/1/68		



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT





1	150	BALTIMORE CIT	Y HEALTH DEPARTMENT		lavo
Bu	()-0252 70 168	97 CERTIFICA	TE OF DEATH	REG. NO.	70 1697
1.1	NAME OF DECEASED	ICKENS.	2. DATE AN	D HOUR OF DEATH	1 10 == 1
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived If institu	tion; residence belorg admission
H	JLL NAME OF STATE OR IN HOSPITAL OR IN ADDRESS OR LOCATION)		A. STATE B. COUN Manuland C. CITY OR TOWN	Balting D. Inside	NV 1902
	BON SECOURS HOSPIT	AL	E. STREET AND NUMBER	Lombard	SØ.
	SEX NACE NIGOV 7. MARR WIDOV	VED DIVORCED	1/26/71	aa	Under 1 Yr. il Under 24 Hrs. onths Doys Hours Min.
10/	A. USUAL OCCUPATION (Give kind of wark 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or forei	gn country) 1:	2. CITIZEN OF WHAT COUNTRY
40.			Unknown		
13.	Retired FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AF	
	JNknown		Unknown		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) [If yes, give wor or dotes af servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		218-07-21337	Francess	1300 V	V. LOMBARD
-	18. 6 1 9 1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOIL	rise la lhe above cause (A) slating UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN	(c)	A CONSEQUENCE OF:	J	***************************************
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? IYes or No.	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY le.g., i hame, farm, factory, street, at etc.)	n ar obout 21C. WHERE DID	(If in Baltimare Cit	y, give exact lacation)
MEDI	21D.TIME IManth) IDoy) (Year) IHour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Nat While At Wark	21F. HOW DID INJU	RY OCCUR?	* - 10 - 5 ¹⁰ 1
	22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased allve a		2 - / 1 5 19 70 ond tha	and and transfer of the same	death occurred on the date
	and hour and from the causes stated above	(I) (We) (did) (did not) v			
	23A. SIGNATURE Y. Young valum	A4 D	nding Med	Stoff 23 B	2 5 10
	PARE (Type) V. VONGVATUN	IYU MD	Bon Seems	Hospital	ud 2/223
24#	BURIAL CREMATION, 248, DATE 240 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION ICITY, to	wn, or county) (Stote)
R		auntt Auburn	Ba	Itimore Cit	y '
25A	FEB 13 1970 THE PERSON ASSESSMENT	THE WILLIAM RAR	25C. FUNERAL DIRECTOR	Some m	ADDRESS
46			1 goldown	1014 111	~

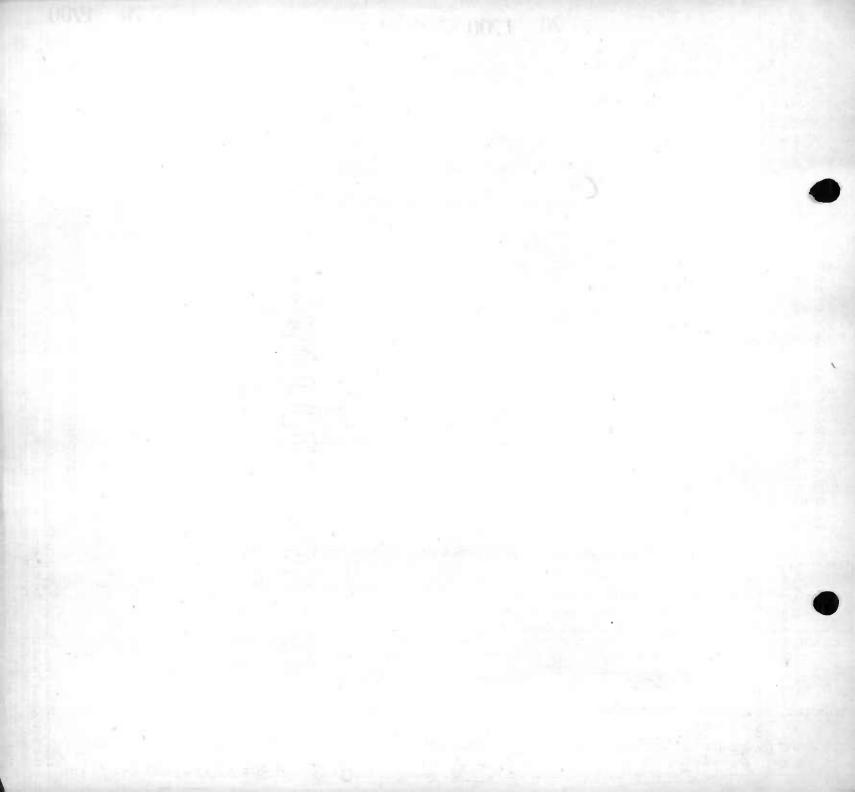
00 01-2-6

T	/ 73	1.000	BALTIMORE CITY	HEALTH DEPARTMENT		20 4000
BIRTH NO.		1699		TE OF DEATH	REG. NO	70 1699
I. NAME OF DEC	EASED			2. DATE A	AND HOUR OF DEATH	
	FU.	RMAN L. TI	EMPLETON	FEBRU	JARY 10, 1970	0 7: P. A
3. PLACE IN BAL	TIMORE, MARYLA	ND, WHERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceosed lived. Il i	nstitution: residence before admission
FULL NAME OF	(IF NOT IN	HOSPITAL OR INS	TITUTION, GIVE STREET	MARYLAND		141)2.
HOSPITAL OR	ADDRESS OF	LOCATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
				BALTIMORE		YES NO
00	502 McCUL	LOH STREET		E. STREET AND NUMBER 1502 McCULLO	H STREET	
S. SEX	6. RACE	7- MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Ys. II Under 24 His.
MALE	C.	WIDOWE	DIVORCED	6-15-08	lost birthdoy) 61	Months Doys Hours Min.
OA. USUAL OCCL	JPATION (Give kind	of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY
Secretar	working life, even it to	elired}	Urban League	Hackensack, N		
3. FATHER'S NAM		Darco	ornan neddae			U.S.A.
				14. MOTHER'S MAIDEN NA	AWE	
Frederi	ck B. Tem	oleton		Henrietta Bi	llings	
es, no or unknown)	Ever in U. S. Arm	ed forces? or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			220-22-3765	Irene R. Temp	leton - 1502	McCulloh St.
18. ///) # 1		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEAS	E OR CONDITIO	N DIRECTLY	4 .		1	BETWEEN ONSET AND DEATH
	LEADING TO DI	ATH		-10-Sclea		
(This does no	at meen the ma	de of dying, e.g	DUE TO. OR AS	A CONSEQUENCE OF:	NSIVE	***************************************
injury or com	osthenio, etc. It s plication which c	neans the diseas oused dooth.)	θ,	coadi	o-vascul	ur
	NTECEDENT CA				drscase	1962
	R CONDITIONS,		(B)	A CONSEQUENCE OF:		
rise to the	above couse	(A) stoling th	e DOL 10, OK AS	A CONSEQUENCE OF:		
UNDERLYING	CONDITION IO	st.	(c)			
	11					
OTHER SIGNIFI	CANT CONDITION BUT NOT RELATED	S CONTRIBUTING	COR	DNARYII	VSULLICIO	2NC 101-
DISEASE OR CO	ONDITION GIVEN I	N PART 1 (A).	***************************************	<i>j</i>		
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A DATE OF	OPERATION 198	CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B, IP YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
	-			N	III CEKIIFIIIIO CA	OSES OF DEATH!
OR CONTRIBUT	T WAS UNDERLY TING CAUSE O medical examiner	F ho	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of c.)	ico bidg., INJURY OCCUR?	(II In Bolilmor	e City, give exoct location)
21D. TIME	(Month) (Doy)	(Yeor) (Hour) 21	& INJURY OCCURRED	21F. HOW DID IN	HIN OCCUM	
OF INJURY			/hile At Not While	ZIII NOW DID IN	JOK! OCCUR!	
		W	Olic Al Holk			+1
22. I certify	that (1) (t his ho s	pital) attended	the deceased from		19to	-cb 10 19 70
that (1) (we)	lost sow the dec	eosed olive on	706 7 1	19 70 ond th	not In (my) four) and	nion death occurred on the date
and hour and	from the couses	stoted above-	(1) (Me) (d(d) (desire)	law the hady after death	interior to an obt	and the dotter on the dots
23A. SIGNATUE	RE)	ATNED -	A. free fare fare	on the body offer dedina		23B, DATE SIGNED
X	() The	OO EAST AND TIMORE, MI	WWD AHe	ew the body ofter death.	Staff .	
23C. PHYSICIAN	J Y VO	TIMO	M DEGREE Phys	Director L	Staff Phys.	2-12-10
23C. PHYSICIAN NAME (Ty	pe)	WIE, MI	SON ST	3D. ADDRESS		
			DECREE			
AA. BURIAL CREM REMOVAL (S	AATION, 248, DA	TE 24C.1	AME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ty, town, or county) (Stote)
Burial	2-14	-70 A	rbutus Memoria	l Park Ra	ltimore, Mar	
SA. DATE REC'D"	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FFR 1 o		Col E. Jak	tions and the same of	Charles R. La		
S 150-REV. 1/1/6				L. A. B. K. Jra	OUZ MAUIS	OI AVE

TOTAL STREET, SECTION OF SECTION

FUNERAL DIRECTOR: IMPORTANT

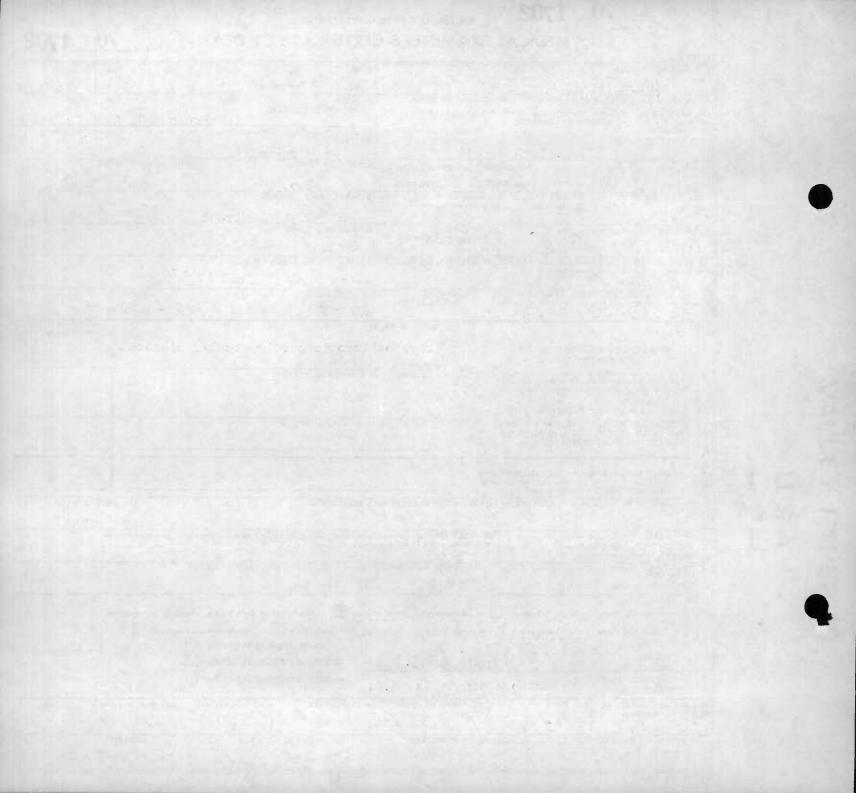
	5-520	BALTIMORE CITY	HEALTH DEPARTMENT	17167	1"00
81	RTH NO. 70 1'	700 CERTIFICA	TE OF DEATH	Registered No.	1700
1.	LE CASE NO.	C A	2. DATE AND	D HOUR OF DEATH	
	ype or Print) AMBROSE	SMITT	1 2/1	1/70	2 P M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	o decoased lived. If institution: r	osidonco bofore odmission)
	FULL NAME OF (If not in hospital or instituti	on, give street	marista	nd	1547
	HOSPITAL OR oddress of locotion	eles as I Han	C. CITY OR TOWN (If outs	side city limits, write RURAL on	d give township
1	Jewish corror	West cont The		urgl, give location)	
	10 fall mall	Rd,	3007 6	lain av	
5.	SEX 6. RACE 7. MARR			A E (In years If Unde	r 1 Yr. , If Undor 24 His.
5. E	M 16 WIDO	WED, DIVORCED (specify)	3/3/00	ost birthdoy 9 Months	Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foroig		ZEN OF AT COUNTRY?
0	one during most of working life, even if retired)		many	and I	1504
13	FATHER'S NAME		14. MOTHERS MAIDEN NAN	AE .	
13	letterson A	meth	nik	ack circle	
15	. Was Decembed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	1 1 1	ADDRESS
15 (Y	NO	SECURITY NO.	Wite (Rachel In	ith)
- 0	18. // / 2	CAUSE O	F DEATH	7 000 000 000	INTERVAL BETWEEN
De	DISEASE OR CONDITION DIRECTLY	1/	LIA A.	+1 1-1	ONSET AND DEATH
E	LEADING TO DEATH (This does not meen the mode of dying,	e.g., (A) DUE TO	intricular (list	bloke due to	Unknow
00	heart failure, asthenia, etc. It means the diser	ose, Augkerten	singe + arter	iosdevotes	
E	ANTECEDENT CAUSES	(a) lio	art diseas	e with	
0	DISEASES OR CONDITIONS, if any, give	DUE TO			
0 0	rise fa the abave cause (A) sloting UNDERLYING CONDITION tost.	• 1 /	Cema.	***************************************	******************************
remains	II				
E a	CONTRACTOR CONTRACTOR CONTRACTOR				
P LOTA	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ore the	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes at No)	208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
before the	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II in Boltimore City, giv	re exact location)
9	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
ained Afri		While At Not While	e		1
pta		Work At Work	1965	9 to 2	/11 1070
0	22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive	0 ///	A Property A	9to	19
9	and hour and from the couses stated above	,		or in (my) (our) opinion dea	in occurred on the dote
must	23A. SIGNATURE	(1) (ma) (did) (ara nat) v	Tew file body offer deoill.	238. DA	TE SIGNED
	Jen M	M.D. Atto	onding Mod. Director	Stoff Phys.	2/11/70
approva	23C. PHYSICIAN'S		23D. ADDRESS	1 +	1011
5	NAME (TYPE). III. STI	SWART M.D.	2300 E	Farisan	Blod
D 24		C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City, town,	or county) (Stole)
	BURIAL 2-14-70 /	ARBUTUS ME	m. PARK RA	I md.	•
Z:		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1101. 11101.	ADDRESS
3	FEB 13 1970 Robert E Jak	CO O CANTEN	WILTENOWER	8-3613 D=NNL	IN Rd.
V:	5 150-REV. 1/1/65	Siero Carlo	1000		



1/20/ 100 400	BALTIMORE CITY	HEALTH DEPARTMENT	70 1701
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	1,01
1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	Н
ELIZABETH H	edgepath	2-11-70 [4. USUAL RESIDENCE (Where deceased lived. II	2:40 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	A. STATE B. COUNTY	1 C /
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	M d.	280d
INSTITUTION		C. CITY OR TOWN D. IN	VES 🕅 NO 🗆
70	-y - 1	E. STREET AND NUMBER	21.0
PLESANT MANOR CONVale	sant Center	4500 Carlensens	- 014
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH. 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths! Days Hours Min.
female Negro WIDO		12/26/12 57	
IDA, USUAL OCCUPATION (Give kind al work 10B. KIN done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Va	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1-1
11.5. Dran phell		Eliza V. Quan	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war ar dates of ser	ovice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Par Andress D
no		alma Reed 4500	Curletun Na
18. 4 12.2 1	CAUSE OF DEAT	'H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		11 Dear 1	7
(This does not mean the made of dying,	e.q., (A)IMMEDIATE CA	A CONSEQUENCE OF:	L mes
heart failure, asthenia, etc. It means the dis injury at camplication which caused death.)		A CONSEQUENCE OF.	
ANTECEDENT CAUSES	1100	CVD & CHE + Ren	al 1-3 yrs.
DISEASES OR CONDITIONS, if any,	iving (B) DUE TO, OR AS	A CONSEQUENCE OF	-1
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)	IN Sufficiences	
II	(0)	10	
O THER SIGNIFICANT CONDITIONS CONTRIBU			The state of the state of
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	.00-04-0-4	I CO A	
198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na) 20 B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, lorm, factory, street,	in ar about 21 C. WHERE DID (If In Baltin	mare City, give exact location)
▼ DEATH (notify medical exominer)	home, lorm, factory, street, c	ffice bldg., INJURY OCCUR?	
21 D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Nat Whi		
	Wark At Work	1 61	2/1/ 19 70
22. I certify that (1) (this haspital) atten	2 /	774	apinian death accurred on the date
that (I) (we) last saw the deceased alive	1	19	aprillan death accurred on the date
ond hour and from the causes stated abo	vec(i) (we) (did) (did not)	view the body after death.	23B, DATE SIGNED
Stiral Farm	I DL	ending Med. Staff phys.	2/11/20
23C. PHYSICIAN'S	de GREE Pho	23D. ADDRESS	0, 10, 3100
NAME (Type)	INDISIBO	2360 BTIMIAM	Blud Bolto mo 4
	4C. NAME of CEMETERY OF CE		(State)
REMOVAL (Specily) 2/14/70	Int. autur	m Balto. M	
25A. DATE REC'D BY HEALTH DEPT. 25B.N.	AME OF REGISTRAR	250 FUNERAL DIRECTOR	ADDRESS
FEB 13 1970 Nobel & E.	James James	neigh Whocks &	1304 h. Cesher of
VS 150-REV, 1/1/68		()	

5/370 1702 BALTIMORE CITY HEALTH DEPARTMENT

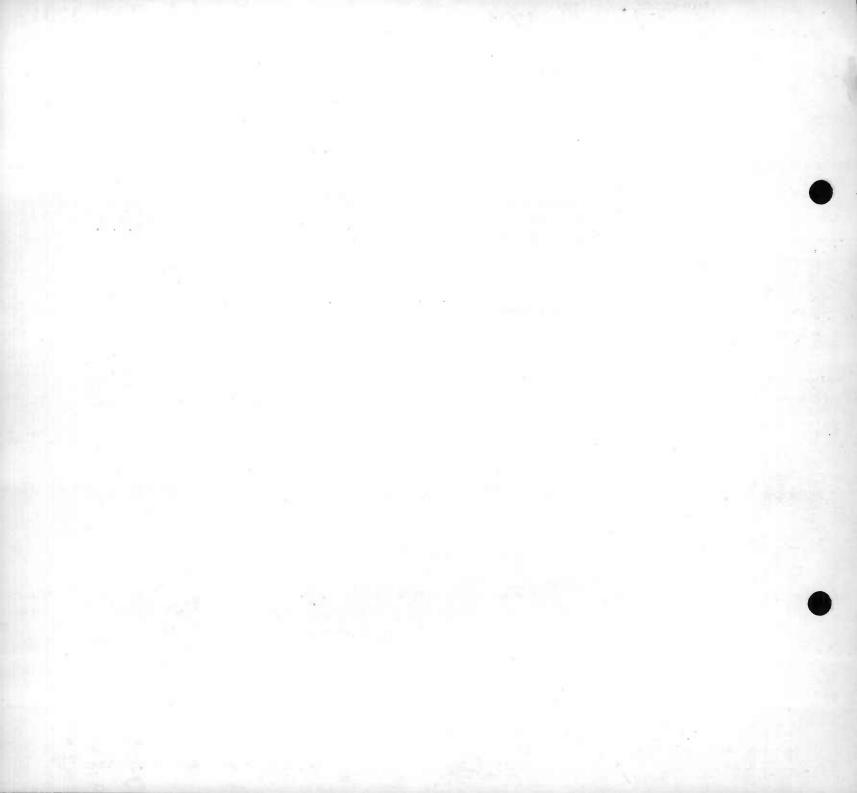
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	70 1702
BIRTH NO.		
I. NAME OF DECEASED	OF STANDED OF TO	ear Hour
WILLIAM SIMPSON	2 70	2:50 pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Ye	ear Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		.970 2:50 p M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: reside	ence befare admission)
001 7 0011 7	A. STATE B. COUNTY	11113
321 E. 28th Street	Maryland Is higher cary	1000
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIM	1131
Male Negro WIDOWED DIVORCED	Balto. YES	NO 🗌
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
last birthday) Months Doys Haurs Min.		
11. BIRTHPLACE(State or fareign country) 12. CITIZEN OF	321 E. 28th Street	
	13. FATHER'S NAME SIMDSON	
CHESTEY. S. C. WHAT COUNTRY?	Dur. Simpou	
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
dane during most of warking life, even if retired)	ILLY MC MANION	
HANGE DESCRIPTION OF A PARTY FORCESS AND SOCIAL	IB. INFORMANT ADDRES	c
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	Moses SIMPSON 7/3 E. 23	1 41
19. CAUSE OF DEA	ATH	APPROXIMATE INTERVAL
4/9,7	1 1 1	BETWEEN ONSET AND DEATH
	sclerotic cardiovascular disease	
LEADING TO DEATH (A)IMMEDIATE		
heart tailure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or camplication which coused death.)		
ANTECED SAIT CAUSES		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	A CONSEQUENCE OF	
Z UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS DEDECORATED 21 A	UTOPSY? (Yes or No)
DATE OF OPERATION 2005. CONDITION FOR WHICH OPERATION W	AS PERFORMED	(OLOPSIA (Les ol 140)
		YES
Z22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.	, in or about 22C. WHERE DID (II in Baltimore City, give exact locat	
6	ice bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 2 22D. TIME (Manth) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY	T WHILE	
m. WORK AT	WORK	
23.		
l certify that I held an Inquiry Inspection A	utapsy 🕮 and that on this basis, death in my apinio	on
resulted fram: Natural eauses XX Accident Suici	de Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL Ahl Alan		DATE SIGNED
SIGNATURE SIGNATURE	D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Isidore Mihalakis, M.1	ASSOCIATE MEDICAL EXAMINER	170
(17)		3//0
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)
REMOVAL (Specify) 0/12/70 B105 M	stional 5501 Fre Lence	R My
Imua -1. J Due co. 10	or second	
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRES	5 // //
FFB 1 2 1970 2 San E. Janber, M.D.	Hoseph M. Lorel N. 1304	M. Connal U
VS 151-REV. 1/1/68	00600000	
10 101-DE11 7/1/00		1



	1-520 70 176	BALTIMORE CITY	HEALTH DEPARTMENT	10.00
В	1-520 70 176	CERTIFICA	TE OF DEATH REG. NO.	70 1703
	NAME OF DECEASED		2. DATE AND HOUR OF DEAT	н
3	PLACE IN BALTIMORE, MARYLAND, WHERE PE	OHOUNGED DAAD	2/8/70	2 180 PM.
1	THE PARTY WAREARD, WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II	institution: residence belore odmission)
III 8	ULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MARYLAND BAITMORE	1510
	NSTITUTION		-44 11	NSIDE CITY LIMITS?
	34		E. STREET AND NUMBER	YES NO
	BON Secours Hospital		3811 GARRISON Blud.	
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	if Under 1 Yr., if Under 24 Hrs.
	Female Case WIDO		2-26-05 lost birthdoy	Months Doys Hours Min.
10 de	A. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife		New YORK	U.S. A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	VIA:17:
	Edwin W. SKOOLIN		LilliAN TRACEY	
15	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT	ADDRESS
	No	SECURITY NO.	TO	2011 / 222 2
	118. // / 2 //	CAUSE OF DEATH	L. UAUID LONG	3811 GARRISON BIUD.
	DISEASE OR CONDITION DIRECTLY		P. 15. 244.1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU		
	(This daes not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	3 days
	injury or camplication which caused death,)	As	112 o Av Hock.	(2 3 3 7 7 .
	ANTECEDENT CAUSES	(B)		0
	DISEASES OR CONDITIONS, if any, girise to the obave couse (A) stoling	ving DUE TO, OR AS	A CONSEQUENCE OF:	
	UNDERLYING CONDITION last.	(c)		
z	OTHER SIGNIFICANT CONTRIBUTE			
ATIO	110 THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL		
U	19A-DATE OF OPERATION 1198 CONDITION F	OR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED
CERTIF	WAS PERFORMED		NO IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
AL CE	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., In home, lorm, foctory, street, off	or obout 21 C. WHERE DID (If to Relate	ore City, give exact location)
U	DEATH (notify medical examined)	elc.J		
MEDI	OL MARK	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX)	While At Work Not While		1 0 7
	22. I certify that (I) (this hospital) attend	ed the deceased from	2-6 19/0 to	2-8 19/0
	that (1) (we) last saw the deceased alive		2 19 70 and that In (my) (aur) ap	olnion death occurred on the date
	ond hour and from the couses stated obay	e. (I) (We) did (did not) vi	ew the body after death.	21
	23A. SIGNATURE	AA. D		238, DATE SIGNED
	Varon Verasuom,	DEGREE Phys.		2-8-1970
	23 C. PHYSICIAN'S NAME (Type) /A RAH VAO		3D. ADDRESS	0 11 11 1
_		DEGREE	Bon Secomo Hosp. &	falto, Mo.
24.	A. BURIAL CREMATION, 248, DATE REMOVAL (Specily) 248	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (C	City, town, or county) (Stote)
	Burial 2-11-70	WOODLAWN CEME	TERY 2130 WISCOME	w. Da Ross Non
25.	FEB 1- 90 19 10 LTH BEEF E 24 OLD	E OF TEESTRAR	25C. FUNERAL DIRECTOR	こい いってて (174
		L'U U O	WOTZKE HOWARD COUNTY FUNE	ERAL HOME MARYLAND
V\$	150-REV. 1/1/68			

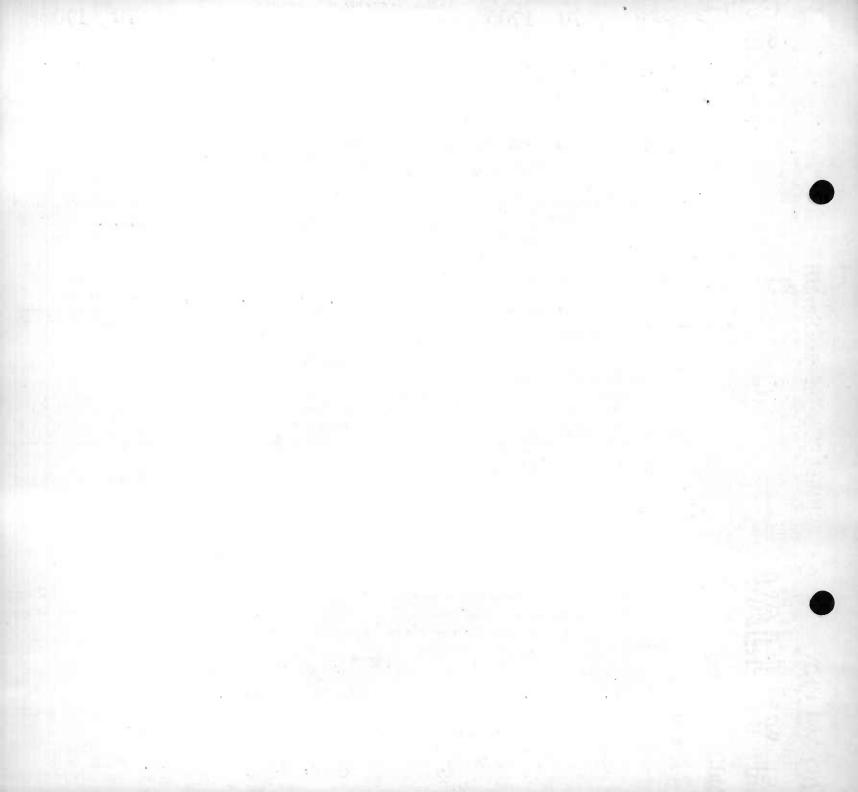
the state produced I was all they take Market Control of the Control of the

_		• 120		BALTIMORE CITY	HEALTH DEPARTMENT		MO 4 MO 4
BIRT	-/52 HNO.	70	1704	CERTIFICA	TE OF DEATH	REG. NO.	70 1704
	ME OF DEC	LEO P.	SPENCE	ER	011	70. 1:45 A	M. M.
FUL HOS	L NAME OF	IIMORE MARYLAND, (IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITU	NCED DEAD	M. STATE 8. COUNT M. D. C. CITY OR TOWN 13 A LT, MORE E. STREET AND NUMBER	D. INSI	DE CITY LIMITS?
						OOKS L	ANE
5. SE	Yale.	6. RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	3-17-09	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
done	during most at v	vorking life, even if retire		it Baking Co	New York		U.S.A.
13. F	ATHER'S NAM	ΛE			14. MOTHER'S MAIDEN NAM	A E	
15. V	os Deceased	Ever in U. S. Armed	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	9 S	WWII	0, 00, 1100,	104-07-0490	Mrs. eo Spenc	er, 1021 Co	oks Lane
DICAL CERTIFICATION	(This does no heart failure, injury ar communication of the communicatio	E OR CONDITION LEADING TO DEAT al meon the made asthenia, etc. Il meo plicotion which cous ANTECEDENT CAUS R CONDITIONS, i above cause (/ CONDITION lost. II ICANT CONDITIONS (I H BUT NOT RELATED IN OPERATION 1198, C WAS P AT WAS UNDERLYING TING CAUSE OF medicol examiner) (Month) (Day) (Ye	of dying, e.g., ins the disease, sed death.) SES fony, giving the selection of the terminal contribution for vertical condition for vertical conditions are conditioned to the condition for vertical conditions are conditioned to the condition of the conditi	(B) ANY COUNTY (C. J., if the property of the	20A. AUTOPSY? (Yes at No nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?	208, IF YES, WERE IN CERTIFYING CA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 39 Aug. FINDINGS CONSIDERED USES OF DEATH? e City, give exact lacotion)
5	(A PPROX.)			le At Not Whil			
	22. I certify that (I) (we) and haur and		sed olive an	ne deceased from 2/12	2/10/	9 <u>70</u> ta at in(my) (our) api	nion death accurred an the date
	ZA. SIGNATU	, 0 M		Atte	ending Med.	Staff F	
	23C. PHYSICIA NAME (T	N°S	1 C. A	MD GEGREE Phy		Hop.	2/12/7a
24A	REMOVAL	MATION, 24B. DATE		ME of CEMETERY OF CR			ity, town, or county) (Stote)
	urial	87 HEALTH DEPT.	70 New	Cathedral Ce	metery Balt 25C. FUNERAL DIRECTOR	Limore, Mary	ADDRESS
1/5	50-PEV 1/1/	4.0			10100		



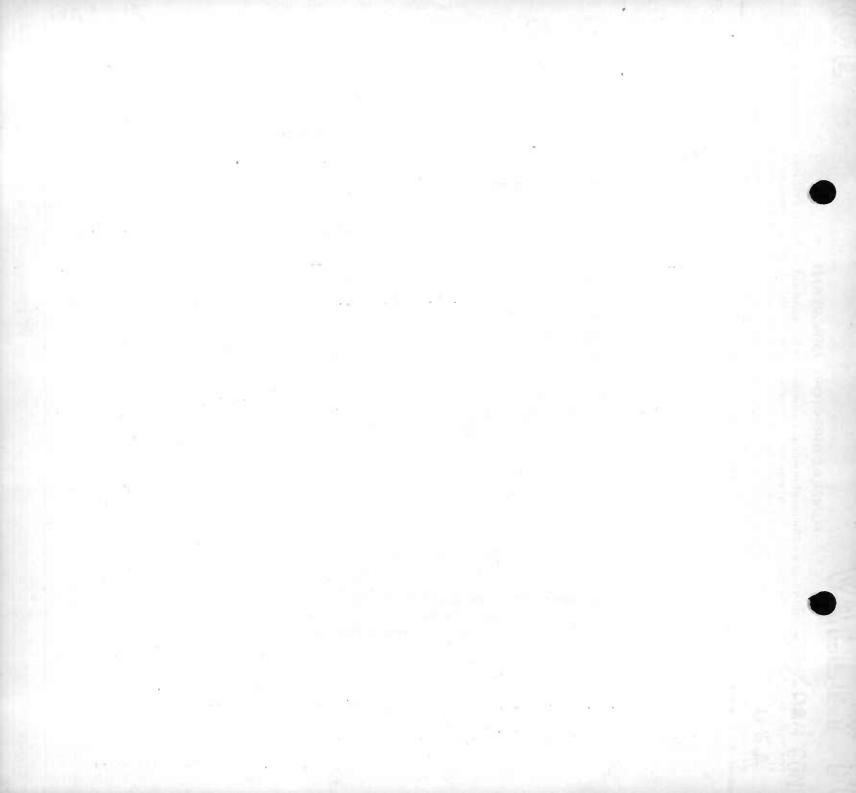
FUNERAL DIRECTOR: IMPORTANT

- 1/1X : 120	40=	BALTIMORE CITY	HEALTH DEPARTMENT		E10 4 0 E
/ .	1705	CERTIFICA	TE OF DEATH	REG. NO.	70 1705
inith NO. NAME OF DECEASED Type or Print Charles	Fovle		2. DATE	AND HOUR OF DEATH 2/11/70	1 4:30p. N
B. PLACE IN BALTIMORE, MARYLAND,		NCED DEAD		here deceased lived. If in	stitution: residence before admission)
FULL NAME OF ADDRESS OR LOCAL NAME OF ADDRESS	CATION)	TION, GIVE STREET	A. STATE B. CO Md C. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INSI	DE CITY LIMITS? YES NO
			514 Glen Al.	len Drive Apt	A
Male White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	1/24/83	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Manths Doys Haurs Min.
OA, USUAL OCCUPATION (Give kind of we		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired Retired		spector	Pennsylvania		U.S.A.
William Foyle			Ella Fitzg		
. Wos Deceosed Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknawn) (If yes, give wor or do	otes of service/	SECURITY NO.	Mrs. Charles	E. Foyle, 51	4 Glen Allen Dr
DISEASE OR CONDITION I LEADING TO DEATH (This does not mean the made	H of dying, e.g.,	(A) MMEDIATE CAL	MIO SCLE.	ROTIC C.	V. BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It mean injury ar camplication which cause ANTECEDENT CAUSI DISEASES OR CONDITIONS, if rise to the above cause (AUNDERLYING CONDITION last.	ed death.) ES any, giving	DUE TO, OR AS	NICHUS A CONSEQUENCE OF: 1 PHY SEV		15 yrs
OTHER SIGNIFICANT CONDITIONS COORDINATED TO THE DEATH BUT NOT RELATED TO	THE TERMINAL				
DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION WAS PI		HICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21 B. home etc.)	PLACE OF INJURY (e.g., c., farm, factory, street, o	in or about 21 C. WHERE DID ffice bldg., NJURY OCCUR?	(If In Boltimar	e City, give exact location)
21 D. TIME (Month) (Doy) (Yeo OF INJURY (A PPROX.)		e At Not Whi	le 🗂	INJURY OCCUR?	P
22. I certify that (I) (this haspit that (I) (we) lost sow the decea		e deceased from 7	1970 ond	19 33 ta 7	nion deoth occurred on the dat
ond bour ond from the couses st	rated obave. (I)		view the body ofter deat	Shaff	238, DATE SIGNED
23 G. PHYSICIAN'S NAME (Type) Dr. Norman	R.KLeima	DEGREE Phy		J Phys. □	111110
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		ME of CEMETERY OF CR	EMATORY 240	LOCATION (C	ity, town, or county) (State)
1 1-1-	O Nev	Cathedral C	emetery B	altimore, Mar	yland
FEB 13 1970 Sept.	E. Jayber		25C. FUNERAL DIRECT	TOR LEdmondson Av	Address 21228
			25C. FUNERAL DIRECT	TOR	ADDRESS



FUNERAL DIRECTOR: IMPORTANT

1. N	AME OF DEC	EASED			2. DATE	AND HOUR OF DEATH	H
	o or Printl	Charles Nazer	ranne			/11/70	10-30 A
3. 1		TIMORE MARYLAND, W		OUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived, if	
FU	LL NAME OF			ΠΤUΠΟΝ, GIVE STREET	Md c. CITY OR TOWN		ISIDE CITY LIMITS? 54/
/	21	317 Yale Ave	Э.		Baltimore E. STREET AND NUMBER		YES NO NO
	10		300		317 Yale	Ave.	
s. s	al e	White	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 t Months Days Hours Min
-					3/19/82	87	12, CITIZEN OF WHAT COUN
don		working tife, even if retired)	NIOD. KIND	or bosiness or industri	Maryland	oreign country)	U.S.A.
	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AMF	0.0
			214		The state of the s		
		F 1 11 5 A		19 2		Water III Zone	
(Yes	s, na ar unknawn	(If yes, give war ar date	es of service		17. INFORMANT		ADDRESS
no)	100 000 V		215-07-6125A	Mrs. Evelyn B	rackbill, 95	21 Pepple Drive
		asthenio, etc. It meons plication which caused		se,			1011
L CERTIF	DISEASES OF THE DISEASE OF THE DEAT DISEASE OF CONTRIBLE OF CONTRIBLE	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last, II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PS. CON WAS PER ATT WAS UNDERLYING TIMES CAUSE OF	any, giving stating the stating of t	(C)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or no about 21C. WHERE DID flice bldg., INJURY OCCUR?	No) 208. IF YES, WERI	I O Y CONSIDERED CAUSES OF DEATH?
ICAL CERTIFICATI	DISEASES OF THE DEATH OF THE DEATH OF CONTRIBLE DEATH (notify 21D, TIME	ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) CONDITION last. II ICANT CONDITIONS COMBINED TO TO CONDITION GIVEN IN PARTY OPERATION 198. CON WAS PER	any, giving stating the stating the stating the stating the stating the stating that stating the	(C)	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED
CAL CERTIFICATI	DISEASES COMES TO THE DEAT DISEASE OR COMES TO THE DEAT DISEASE OR COMES TO THE DEATH (notify the property of	ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING DITING CAUSE OF medical examiner)	any, giving stating the stating the stating the stating the stating the stating that stating the	(C)	20A. AUTOPSY? (Yes or no ar about 21C. WHERE DID ffice bidg., NJURY OCCUR?	No) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED
MEDICAL CERTIFICATI	DISEASES OF THE PROPERTY OF THE DEAT OF THE DEAT OF THE DEAT OF THE DEAT OF THE DEATH (notify 21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) CONDITION last. II ICANT CONDITION S COMBUT CONDITION S COMBUT NOT RELATED TO TONDITION S COMBUT CONDITION S COMBUT COMBUT CONDITION S COMBUT CONDITION S COMBUT CONDITION S COMBUT COMBUT CONDITION S COMBUT CONDITION S COMBUT CONDITION S COMBUT COM	any, giving stating the stating the stating the stating the stating the stating that stating the	(C)	20A. AUTOPSY? (Yes or no ar about 21C. WHERE DID ffice bidg., NJURY OCCUR?	No) 20B. IF YES, WERI IN CERTIFYING C (If In Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE PROPERTY OF THE DEAT TO SEASE OF CONTRIBLE DEATH (notify LAPPROX.) 21. 1 certify 22. 1 certify	ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) CONDITION last. ILLIANT CONDITIONS COMBINED TO TO THE LATED TO THE LAT	any, giving stating the statin	(C)	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208. IF YES, WERI IN CERTIFYING C (If In Baltim	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE PROPERTY OF THE DEAT TO SEASE OF CONTRIBLE DEATH (notify LAPPROX.) 21. 1 certify 22. 1 certify	ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) CONDITION last. II ICANT CONDITION S COMBUT CONDITION S COMBUT NOT RELATED TO TONDITION S COMBUT CONDITION S COMBUT COMBUT CONDITION S COMBUT CONDITION S COMBUT CONDITION S COMBUT COMBUT CONDITION S COMBUT CONDITION S COMBUT CONDITION S COMBUT COM	any, giving stating the statin	(C)	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208. IF YES, WERI IN CERTIFYING C (If In Baltim	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE DEAT OF THE DEAT OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 21 certify that (1) (wg)	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last, II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PER NT WAS UNDERLYING THING CAUSE OF medical examiner) (Manth) (Day) (Year) that (1) (this bespital	any, giving stating the statin	(C)	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208. IF YES, WERI IN CERTIFYING C (If In Baltim NJURY OCCUR? 1959 to 2 that in (my) (aur) ag	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE DEAT OF THE DEAT OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 21 certify that (1) (wg)	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) B CONDITION last, II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN P. OPERATION 19P. CON WAS PER IT WAS UNDERLYING THING CAUSE OF medical examiner) (Month) (Day) (Year) that (1) (this hospital last saw the decease If from the couses sta	any, giving stating the statin	(C)	20A. AUTOPSY? (Yes ar in ar about 21C. WHERE DID fifice bldg., INJURY OCCUR? 21F. HOW DID II	No) 20B. IF YES, WERI IN CERTIFYING C (If In Baltiment of the second of	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE PROPERTY OF THE DEAT DISEASE OF CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) B CONDITION last, II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION 178E. OPERATION 178E. OPERATI	any, giving stating the statin	(C)	20A. AUTOPSY? (Yes or in ar about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID II	No) 208. IF YES, WERI IN CERTIFYING C (If In Baltim NJURY OCCUR? 1959 to 2 that in (my) (aur) ag	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact tocotion)
MEDICAL CERTIFICATI	DISEASES OF THE PROPERTY OF THE DEAT DISEASE OF CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) B CONDITION last, II ICANT CONDITION S CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PS. CON WAS PER IT WAS UNDERLYING THING CAUSE OF medical examiner) (Manth) (Day) (Year) that (1) (this bospital last saw the decease If from the couses sta RE ATS WPE	any, giving stating the statin	R WHICH OPERATION TE. PLACE OF INJURY (e.g., ome, form, foctory, street, ortical) TE. INJURY OCCURRED While At Not While At Work At Athere At Athere Athe	20A. AUTOPSY? (Yes or n ar about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID II 21F. HOW DID II And of the body after death Med. Director Director 123D. ADDRESS 3232 F	No) 20B. IF YES, WERI IN CERTIFYING C (If in Boltime Processing of the process o	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact facation) 19 7 pinion death accurred on the acc
MEDICAL CERTIFICATI	DISEASES OF THE PROPERTY OF THE DEAT TO SEASE OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	ANTECEDENT CAUSES OR CONDITIONS, if above couse (A) CONDITION last. II ICANT CONDITIONS COMBITION GIVEN IN PARTON (A) OPERATION (A) (Manth) (Day) (Year) That (1) (this hospital last saw the decease of from the couses stars RE OPERATION, (248. DATE MATION, (248. DATE	any, giving stating the statin	R WHICH OPERATION TE. PLACE OF INJURY (e.g., ome, form, foctory, street, ortical) TE. INJURY OCCURRED While At Not While At Work At Athere At Athere Athe	20A. AUTOPSY? (Yes or n ar about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID II 21F. HOW DID II A med. Director Director Director 23D. ADDRESS 3232 F	No) 20B. IF YES, WERI IN CERTIFYING C (If in Baltime Processing of the process o	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact tocation) 19 pinion death accurred on the organization and the course of the co
MEDICAL CERTIFICATI	DISEASES OF THE DEAT OF THE DEATH (notify 121D. TIME OF THE DEATH (notify 14) THE DEATH (notify 14) THE DEATH (notify 15) THE DEATH (notify 15) THE DEATH (notify 16) THE DEATH (notify 16) THE DEATH (notify 17) THE DEATH (n	ANTECEDENT CAUSES OR CONDITIONS, if above couse (A) CONDITION last. II ICANT CONDITIONS COMBITION GIVEN IN PARTON (A) OPERATION (A) (Manth) (Day) (Year) That (1) (this hospital last saw the decease of from the couses stars RE OPERATION, (248. DATE MATION, (248. DATE	any, giving stating the statin	(C)	20A. AUTOPSY? (Yes or in ar about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID II 22F. HOW DID II 23D. ADDRESS 3232 II 23D. ADDRESS 3232 II 24D.	No) 20B. IF YES, WERI IN CERTIFYING C (If in Baltime Processing of the process o	E FINDINGS CONSIDERED AUSES OF DEATH? fore City, give exact facation) 19 pinian death accurred an the 23B, DATE SIGNED (City, town, or county) (State



VS 151-REV, 1/1/68

Hair of a comment of the state of the s The same of the same of the same from the HIRLINE COUNTY OF THE COUNTY O VS 150-REV. 1/1/68

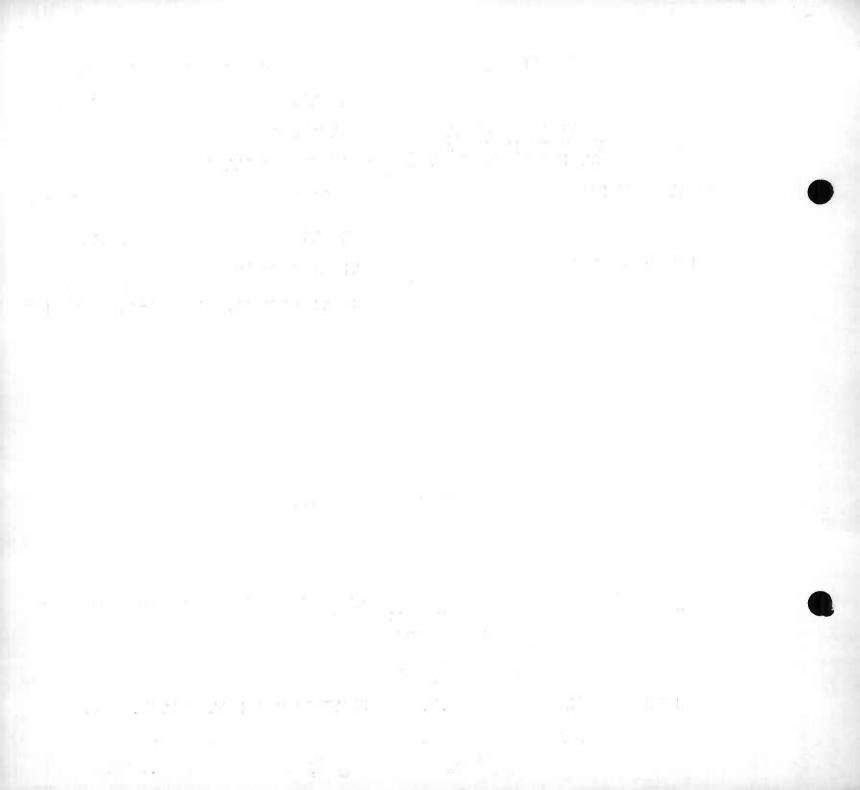
V.S. 153 2-17-70 M.H. Letter from St. Agnes Hospital for hour of death. MBJ

IMPORTAN

DIRECTOR:

FUNERAL

hospital

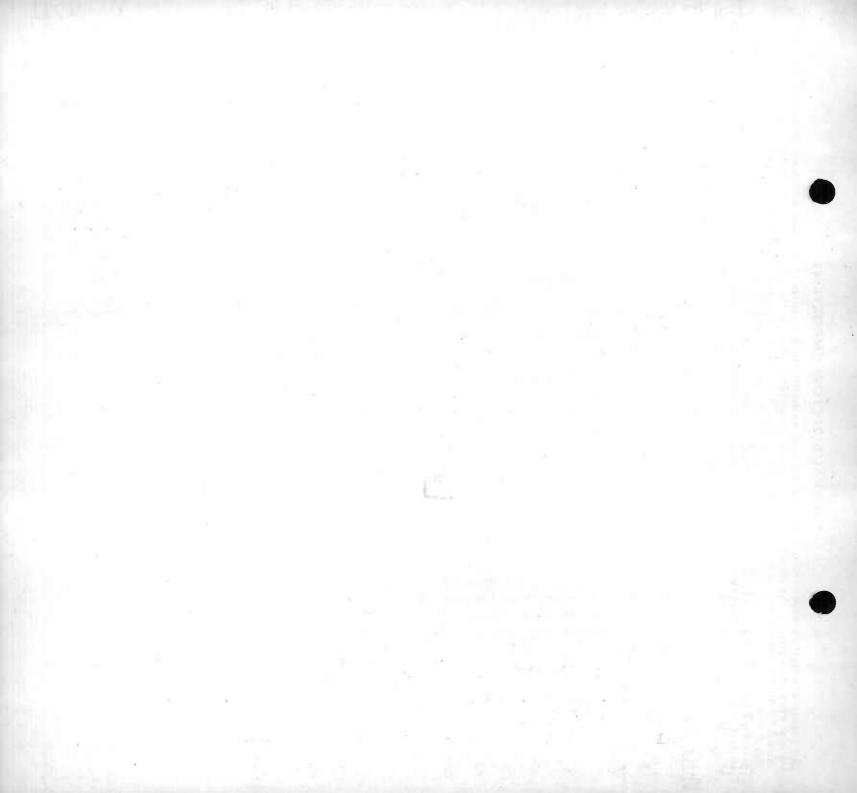


IMPORTAN

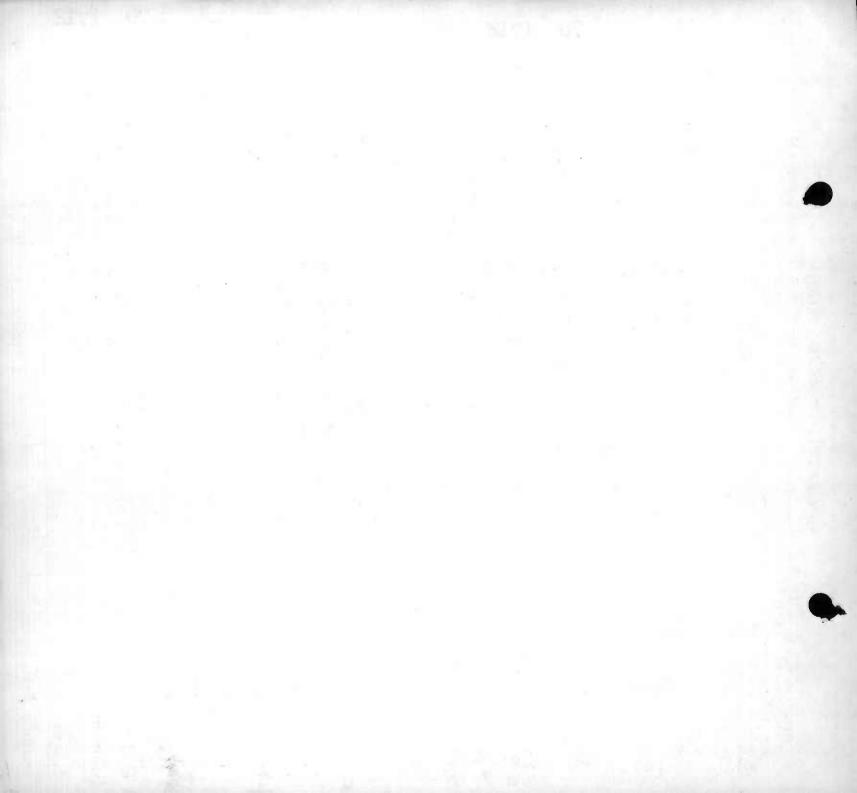
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B



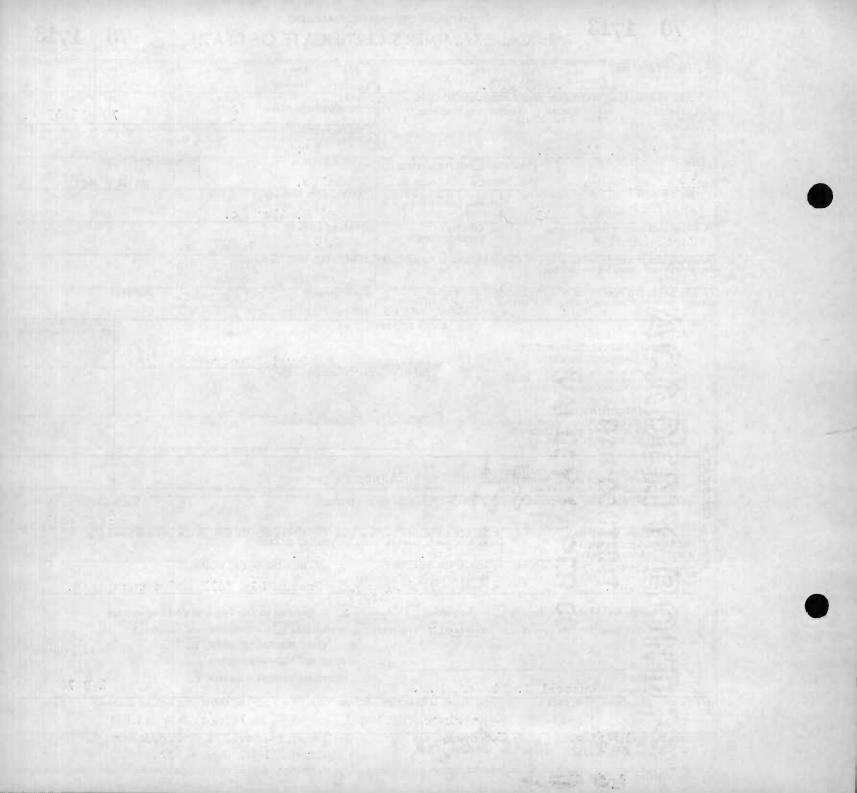
D 535 1	BALTIMORE CITY HEALTH DEPARTMENT
1)-333	RIPTH NO 70 1712 CERTIFICATE OF DEATH XREG. NO. 70 1712
sed the	DIRTH NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
0000	(Type or Print) DUNTON, JOYCE. E 2-8-1970 10:05 A.M.
fal f d on ece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission) A. STATE B. COUNTY A. STATE
<u> </u>	
hospi se o (5) D ance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND STREET ADDRESS OR LOCATION)
	INSTITUTION II C. CITT ON TOWN
n a cau use; tend	LUTHERAN HOSPITAL OF MINKYLAND BALTIMORE YES NO
d cat	46 BALTIMORE MD. 21216. 6712 KINCHELOW AVE
ar a	I Jane 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a sed	S. SEX 6. RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years 10 under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. Months Doys Hours Min.
e e e e e e e e e e e e e e e e e e e	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country) 12, CITIZEN OF WHAT COUNTRY?
det che	Secretary MARYLAND. U.S. A.
Sit a Single	Secretary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
www.	
F + 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	JAMES / hornton Martina
A Para de la	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 6712 Kinchelow Ave.
Sist the de de de ince	no 219-38-9555 Raymond N. Dunton 21207
r his assistant Also, if the disofany kind; ounced death ittendance on ned or final d	18-7 5 3 / 9 7 O CAUSE OF DEATH APPROXIMAJE INTERVAL BETWEEN ONSET AND DEATH
Po o	DISTASE OF CONDITION DIFFCTLY
A Para	(This does not meen the mode of dying, e.g., best followed the discovery to the file of the discovery to
	neon follule, osinemo, etc. il meons me diseose,
DR ine	injury or complication which coused deoth.)
T E E O E O E O E O E O E O E O E O E O	ANTECEDENT CAUSES (B) FOLYCYSTIC KIDNEYS & Itdeno-Careinona
A A A S A S A S A S A S A S A S A S A S	DISEASES OR CONDITIONS, il any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (B) POLYCYSTIC KIDNEYS & Adeno-Careinana (B) POLYCYSTIC KIDNEYS & Adeno-Careinana (B) POLYCYSTIC KIDNEYS & Adeno-Careinana (C) POLYCYSTIC KIDNEYS & Adeno-Careinana (B) POLYCYSTIC KIDNEYS & Adeno-Careinana (C) POLYCYSTIC KIDNEYS & Adeno-Careinana (B) POLYCYSTIC KIDNEYS & Adeno-Careinana (B) POLYCYSTIC KIDNEYS & Adeno-Careinana (C) POLYCYSTIC KIDNEYS & Adeno-Careinana (B) POLYCYSTIC KIDNEYS & Adeno-Careinana (C) POLYCYSTIC KIDNEYS & Adeno-Careinana (B) POLYCYSTIC KIDNEYS & Adeno-Careinana (C) POLYCYSTIC KIDNEYS & Adeno-Careinana (C) POLYCYSTIC KIDNEYS & Adeno-Careinana (C) POLYCYSTIC KIDNEYS & Adeno-Careinana (B) POLYCYSTIC KIDNEYS & Adeno-Careinana (C) POL
Cal examiner al examiner. s; (3) A fractucian who process in regular ains are emba	UNDERLYING CONDITION lost. (C) 2 1/ e7840315 10 20052
L D dical irrns; sicie was	
No di i	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL VIDENASE OR CONDITION GIVEN IN PART 1 (A).
X TE A	
UNERA chief me sy a mec Body bu the phy hysician	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
L P C B C C C C C C C C C C C C C C C C C	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exect location)
FL the the (2) (2) ere o ph	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF (born, foctory, street, office bldg., INJURY OCCUR? Etc.) (If In Boltimore City, give exact location) INJURY OCCUR?
by Price;	
osp (6)	OF INJURY
n h ce	(AFROA) Work At Work
pro hip	22. I certify that (I) (this haspital) attended the deceased fram 1 - 25 - 19 70 to 2 - 8 - 19 70.
ap to to to to be be	that (1) (we) last saw the deceased alive an 2-8- 19-70 and that in (my) (aur) opinion deoth accurred an the date
0 - 0 0	ond hour and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED
20.5 6	23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS LUTHER AN HOSPITAL
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS LUTHER AN HOSPITAL
Ficate was r An a A. at a prior	PREM LAL, M.B. B.S. 730 ASUR HD TON ST. BATTIMBRE MD, 21216
	NAME (Type) PREM LAL , M.B. B. S. S. SALTIMORE MD., 21216 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
£ # 00°	Burial 2-12-70 Arbutus Memorial Park Baltimore, Maryland
This cer the bod shows: was D.G	ADDRESS
This certhe boc shows: was D.	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF GISTRAY Marshall W. Jones, Jr. 1735 Harford Ave 21213
	vs 150-REV, 1/1/6B 9 7 0 0 0 0 7 0 8



70 1513 5-520

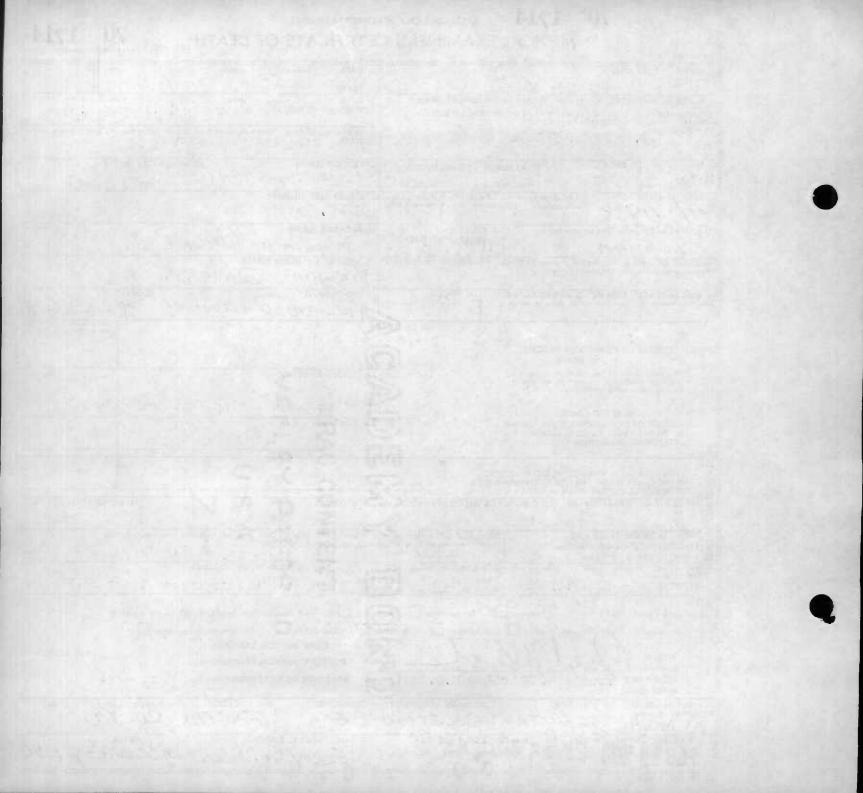
BALTIMORE	CHY	HEALIH	DEPARTMEN

BIRTH NC.	T\T0	MED	ICAL	EX	AMINER'S	CERTIFI	CATE O	F DEAT	H REG. NO	70	171	.3
	FACED					II. DATE						
. NAME OF DEC	ROBE	RT JON				2. DATE OF DEATH	Known Estimated	Month	Day	Yeor	Hour	м.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Doy	Year	Hour	K.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	TIN HOSPITA	L OR INST	ITUTIO	N, GIVE STREET		UNCED DEAD	2	9	70	12:45	
						A. STATE		ere decensed	B. COUNTY	m. rasidance ('e o l	sionj
	DE. 41	st St.	la .				Md.		In this in	7	01	
. SEX	7. RACE		8. MARRI	IED	NEVER MARRIED	C. CITY OF	IOWN		D. INSIDE			
Male	Negro		WIDOW				lto.		,	res 🔀	NO 🗆	
5-5-1927		10. AGE (In lost birthdoy 42	1)		er 1 Yr. II Under 24 Hrs. s Doys Hours Min.		AND NUMBER O E. 41st	St.				
1. BIRTHPLACE (S	tate or loreig				TIZEN OF	13. FATHER						
North Ca					HAT COUNTRY? U.S.A.		bert	Jones,	Jr.			
4A.USUAL OCCUI	PATION (Give orking lile, eve	kind at work) en Il retired)	14B. KIND	OF BU	JSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AME				
Laborer					weeks to be a second		rrie	Jones				
6. WAS DECEASE (es, no or unknown)	DEVER IN	J.S. ARMED	FORCES	? 1	7. SOCIAL SECURITY NO.	18. INFOR	MANT 800 H	. 41st	St.	ADDRESS	- 119	
yes		.II			213-20-1212	Mrs.	Carrie Jo	nes				
19.	7-X				CAUSE OF DEA	TH					PROXIMATE IN	
DICEACE	CO COND	TION DIDE	TIV								2011 011001 71	TO DEATH
	E OR CONDI LEADING TO		-171		4 ALMERIATE A	Aller S	ubdural 1	nomorrh	200			
(This does no	ot mean the	mode of dy	lng, e.g.,		(A) IMMEDIATE (AS A CONSEC		TEMOT I II	age			
Injury or com	osthenio, étc.	It means the h coused dea	disease,									
	NIECEDENT		CIVING		(B) DUE TO, OR	AS A CONSE	OUENCE OF					
RISE TO THE	ABOVE CAL	JSE (A) STAT	ING THE		DOL 10, OK	AS A CONSE	QUENCE OI:					
UNDERLYIN	IG CONDITI	ON LAST.			(c)							
2		11										
2 TO THE DEA	IFICANT CON	RELATED TO	THE TERMI	ING NAL	Epile	psy						
	CONDITION			FOR W	HICH OPERATION W	AS PERFORA	AFD			21. AUTO	PSY? (Yes o	r No)
5											4	
✓ 22A. EXTER	VAL CAUSE	WAS	-	228 PI	ACE OF INITIDY	in or chaut!	22C WHERE DI	/II to Rolling	ora City, miss as	yes	(head	
UNDERLYING				home,	ACE OF INJURY (e.g., lorm, foctory, street, offic	e bldg., etc.)	NJURY OCCUR	(ii iu poisimi	ore City, give e	toct rocation)		
UTING CA					Unk.	V	Unk.			() () -	0.0	
OF INJURY	Month) (D	оу) (Үеог) (Hour		LINJURY OCCURRED	White !	22F. HOW DID I	NJURY OCC	.UK?			
(APPROX.)	Unk.			m. WC	ORK Unk .AJ. W	ork	Presumab	ly fee:	L and st	ruck h	ead.	
	ify that I he					tapsy 🔯	and that an					
result	ed from: N	atural cau	ses 📙	Ac	cident Suicid				p-many			
ACTUAL	6	116.	1	1	NOT THE REAL PROPERTY.		CHIEF MEDICA	LEXAMINER	X		DATE SIGN	VED
SIGNATU	JRE.	MIN	me		M.D	ASS:	STANT MEDICA	L EXAMINER			DAIL 5101	120
EXAMINI NAME (T	ER'S	ıssell	S. F	ishe	er, M.D.	ASSO	CIATE MEDICA	L EXAMINER		2.	-9-70	
24A. BURIAL CREA	MATION, 2	4B. DATE			NAME of CEMETERY	ar CREMATO	ORY 241	. LOCATION	V (City, tow	n, or county)	(Stot	te)
REMOVAL (Specil Burial	γ)	2-13-7	0	1.45	ltimore Nat:				re, Mar	•		
SA. DATE REC'D	BY HEALIH			AME C	REGISTRAR	25 C.	FUNERAL DIREC	TOR 1735	Harfor	DDKY33.	21213	
FER	13 191		من کاریاد	You	ber 160		Marshall	W. Jon	es, Jr.			
S 151-REV 1/1/A8			10.00	-		7 17	7-1-	0-				



VS 151-REV. 1/1/68

(NILSON) 1000 BRANTLE 1



1. NAME OF DECEASED	2. DATE Known A Month Day Year Hour
(Type or Print) JAMES L. MONK	OF DEATH Estimated □ February 11, 1970 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	February 11, 1970 7:45 P.M.
OR INSTITUTION ADDRESS OR LOCATION)	February 11, 1970 7:45 P.M. 5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
Johns Hopkins Hospital (DOA)	A. STATE Maryland B. COUNTY /2/3
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C, CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES ₩ NO □
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. If Under 24 Hrs.	
9-10-1972 last birthday) Months, Days Hours Min.	2712 Guilford Avenue
II BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Johnson Co. n Crusture Wat country?	Donn- mont
14 A USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAINEN NAME
a state of the most of working life, even a retireof	esce Colo
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) ((1) yes, give wor of doies of service) SECURITY NO.	18. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give wor of differs of service) SECURITY NO.	Vilda Mas Moule Saul
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
3/10	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pneumonia
(A)IMMEDIATE (AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
	metamorphosis of liver
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
ZZA. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or about 22C. WHERE DID (If In Baltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street, ollic	e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE
m. WORK L AT V	VORK LJ
1 certify that I held an Inquiry Inspection Au	tapsy X and that an this basis, death in my apinian
resulted fram: Natural causes Accident Suicio	
70 10 0	CHIEF MEDICAL EXAMINER
ACTUAL (VISA)	ASSISTANT MEDICAL EXAMINED TO DATE SIGNED
SIGNATURE M.D.	·
NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER L February 12, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) 2-16-71) Alleting	at alite Cost
25 A. DATE REC'D BY HEALTH DENT. 255. NAME OF REGISTRAR	25,8. FUNERAL DIRECTOR ADDRESS
FFR 1 9 1971 Robert E. Harber, M.D.	of no mile to a second
1 2 7 1010	Skilly Wills on tovo Brantly ki
VS 151-REV. 1/1/68	

A STATE OF THE PARTY OF THE PAR

MPORTAN

DIRECTOR:



22D. TIME (Month) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY 11:05am. WHILE AT NOT WHILE (APPROX.) pedestrian struck by car 23. I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinion Accident X resulted fromt Natural causes Sulcide Hamicide ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner **EXAMINER'S** 2/8/70 NAME (Type) Werner U. Spitz, M.D. 24A BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2/12/70 ST. CATHERINE @-UARRYVILLE 25A. DATE-REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR **ADDRESS** RALPH M. REED MISING SUN, M.D. Reform Rice VS 151-REV. 1/1/68

FUNERAL



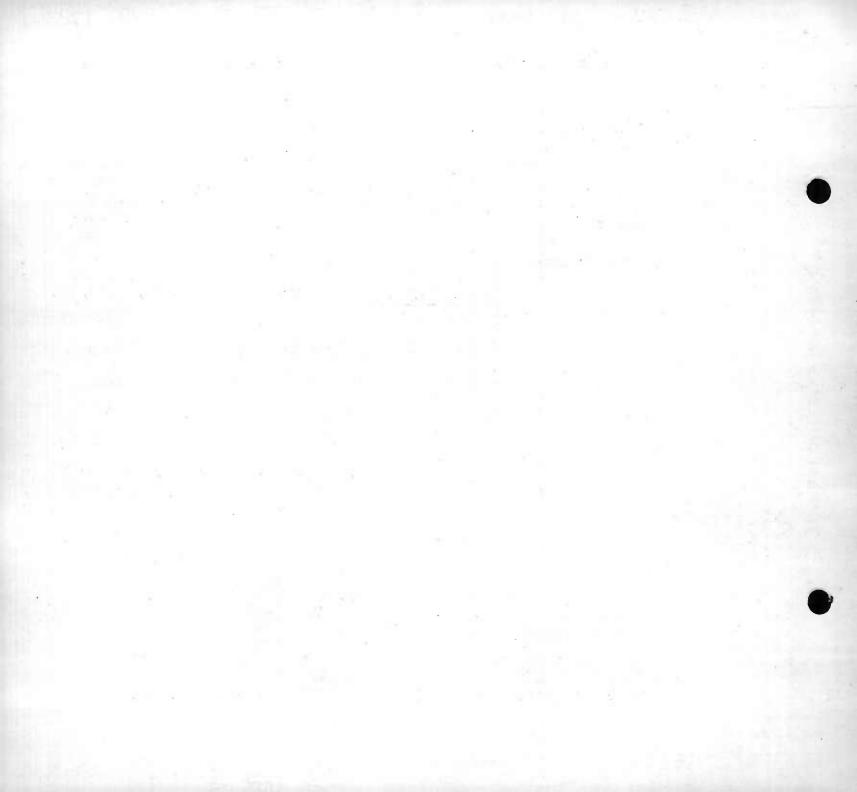




H-612 50	4 1404	BALTIMORE CIT	Y HEALTH DEPARTMENT			
19-6/12 70 BIRTH NO.	1721	CERTIFICA	TE OF DEATH	REG. NO	70 - 17	21
Type or Print RS. HELS	N Mae	Harbana	L 2. DATE A	ND HOUR OF DEATH		
3. PLACE IN BALTIMORE MARYLAN		NCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution; residence	M. before admission)
FULL NAME OF (IF NOT IN H HOSPITAL OR ADDRESS OR INSTITUTION	OSPITAL OR INSTITUT	TION, GIVE STREET	Mary and C. CITY OR HOWN	Balto Co	53	00
Bon Secours	HOSP. 1		Baltimore	D. INS	YES \ \	40П
	Hosp. Str	reer	E. STREET AND NUMBER	Drive		
5. SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months Doys	If Under 24 Hrs.
1-cmule	WIDOWED	DIVORCED T	6/13/05	lost birthday	Months Doys	It Under 24 Hrs. Hours Min.
done during most of working life, even if re	of work 108, KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of for	eign country)	12. CITIZEN OF W	WHAT COUNTRY?
Tavern	own bu	siness	Baltimore,	Md.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA			
John C. Jeni	net+		Nora C.	Sparks		
15. Was Deceased Ever in U. S. Arms (Yes, no or unknown) (If yes, give war o	d Forces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	s 2122
		-32-9370	Mr. Wilson	Sennett.60	06 Bat Dr	ive
18. 110.9 4 P 50	5,9	CAUSE OF DEAT			APPROXI	MATE INTERVAL
DISEASE OR CONDITION		Voster	1. H 26	Vecent)	BETWEEN C	ONSET AND DEATH
LEADING TO DE	e of dving. e.g.	(A) IMMEDIATE CAL	JSE		14	ALL >
heart failure, asthenia, etc. il m injury or complication which co	eons the disease.	DUE TO, OR AS	A CONSEQUENCE OF:			
ANTECEDENT CA		and	zi o selewon	1	U) e	200
DISEASES OR CONDITIONS,	ii anv. aivina	(B) DUE TO, OR AS	A CONSEQUENCE OF:			
ise to the obove couse UNDERLYING CONDITION los	(A) sloting the					
II III	10	(c)	*****			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN	CONTRIBUTING	4	a les a	eli Im		700
	PART 1 (A).			an vin		ea)
19A-DATE OF OPERATION 19R WAS	CONDITION FOR WE	ICH OPERATION	20A. AUTOPSY? (Yes of N	O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDE	ERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	NG 218, PI home, elc.)	ACE OF INJURY (e.g., i form, foclory, shoot, o	n or obout 21 C. WHERE DID	(If In Boltimor	e City, give exact loc	otion)
OF INJURY	(eor) (Hour) 21E II	NJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?		
(APPROX)	While Work	AI Not While At Work	• 🗆			
22. I certify that (i) (this hos			- 0 0	19 70 · ta	2-,	8 10 70
that (i) (we) last saw the dec		2		nat in (my) (aur) api	nian death accurr	ed on the date
and haur and from the causes		(We) did) (did nat) v	iew the bady after death.		acom decom	an ind data
23A. SIGNATURE	1.	10.2			23B, DATE SIGNED	10.5
	brasubii	DEGREE Phys	nding Med. Director	Staff Phys	2-8	-1970
23C. PHYSICIAN'S NAME (Type) MARAH	1 VORASU		Bun Secons	2 HOSP. 10	2-8 Balto	ud.
24A. SURIAL CREMATION, 24B. DAT	E 24C.NAN	LE OF CEMETERY OF CRE	MATORY 24D. L		y, town, or county)	(Stote)
Burial 2/1	2/70 Oak	Lawn Ceme	tery Ba	altimore,		
25A. DATE REC'D BY HEAVIN, DENT.	SBAMES		25C FUNERAL DIRECTOR		ome. Inc.	ESS
VS 150-REV- 1/1/68	1 2 2		1000	POT DIEHHR	Lane	

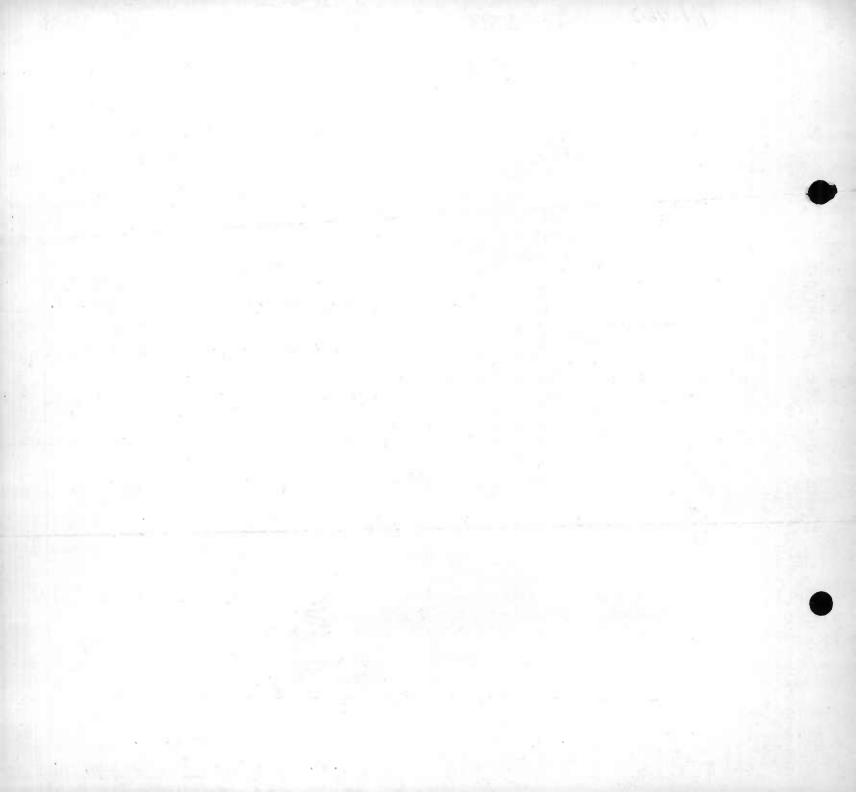


BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV, 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



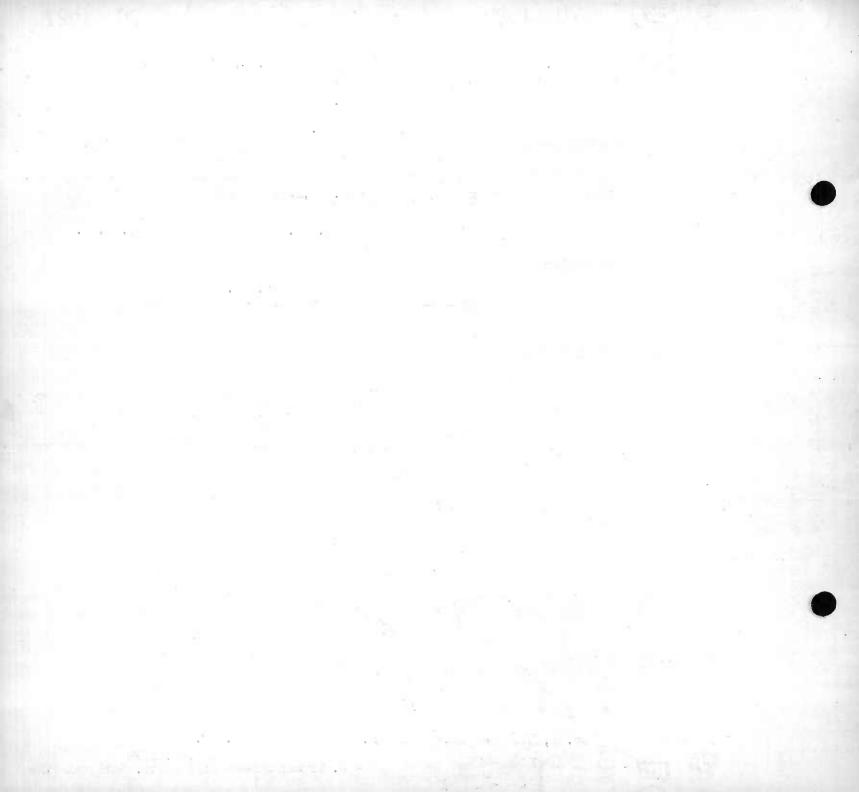
n1,00		BALTIMORE CITY	HEALTH DEPARTMENT		70 4004
M-620 70	1724	CERTIFICA	TE OF DEATH	REG. NO	70 1724
BIRTH NO. 1. NAME OF DECEASED			DATE AN	D HOUR OF DEATH	
(Type or Print) Josephina 1	Parrocco			ruary 7.1970	6:30 P.
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institution	on: residence before admission)
FULL NAME OF (IF NOT IN HOS) HOSPITAL OR ADDRESS OR LO INSTITUTION	PITAL OR INSTITU	JTION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSIDE CI	263/
11.1			Baltimore	YES	NO [
47 Union Memoria	l Hospita	l	5937 Kavon	Avenue- 21206	
Female White	7. MARRIED [= =	B. DATE OF BIRTH	9. AGE (In years If U lost birthday) Mon	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of w	ork 10B. KIND OF		11. BIRTHPLA CE (State or forei		CITIZEN OF WHAT COUNTRY?
done during most of warking life, even if retired Home M Ker	1)		New York, Ne	av York	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM		
John Guarglia			Philomena	Martucci	
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (if yes, give wor or d	Forces? otes of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		-	Mrs. Rose M. 1	Taylor-5937 Kav	on Ave21206
18.412.41		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEAT			70.3	1 1	20 4
(This does not meen the mode		(A)IMMEDIATE CAU	SE Pulmonary E	mbolus	10 minutes
heart failure, astheria, etc. It mea	ns the diseose,	Cong	estive Heartf	ailure	5 years
ANTECEDENT CAUS			due	to	
DISEASES OR CONDITIONS, i	f any, giving	(B)	A CONSEQUENCE OF:		
rise to the obove couse (A UNDERLYING CONDITION lost,	A) sloting the	(c) ACVD		~~~	15 years
- 11					
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FOR THE PROPERTY OF THE PROPERTY	THE TERMINAL		ONE		
NON WAS P	ONDITION FOR V	VHICH OPERATION	NO	1) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)		e, form, foctory, street, of	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location)
21 D. TIME (Month) (Doy) (Yed	Whi	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	Wor		10/ 20	19 67 to time	of Death 19
22. I certify that (I) (this hospithat (I) (we) lost saw the december 1					deoth occurred on the date
ond haur ond from the couses s			iew the body ofter deoth.		
23A. SIGNATURE	Paris	47			DATE SIGNED
H. Margret Sane	uhaus	DEGREE Phys	nding Med. Director	Staff Phys.	2/9/1970
	SENHAU		7028 BELLONA	A AVE BALTI	none nanylan
24A. BURIAL CREMATION, 24B. DATE		AME of CEMETERY OF CRE			vn, or countyl (Stote)
Burial 2-11-	-70 H	oly Rideemer (emetery	Baltimore, Mry	land
25A. DATE REC'D BY HEALTH DEPT.	OSB. MAME C	0	25C. FUNERAL DIRECTOR		Lair Rd21206
CD 13 1310 00000	7 - /	- N	Drug Co June	or ma on be	MUC NUL -21200

with the man and the second

	M IIX TO LOS	BALTIMORE CITY	HEALTH DEPARTMENT		100 A. O.T
	M-465 70 1725	CERTIFICA	TE OF DEATH	REG. NO.	70 1725
	Pe or Print) CORA A. MULLE	~		HOUR OF DEATH	011.7
-		, 1		1-70	19.45 P N
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institution	on: residence before admission
FL H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TON, GIVE STREET	MARYLAND) E. CITY OR TOWN	BALTIMORE C	1142735
١,	1048 GENERAL HOSPITAL		BALTIMORE	YES	
14			E. STREET AND NUMBER		/
_			3017 ORLA	ANDO AVEN	UE
5.	SEX 6. RACE 7. MARRIED WIDOWED WIDOWED] . AE A E K MONKVIED [8. DATE OF BIRTH	ost birthdoyl 78	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (State or foreign	n country 12.	CITIZEN OF WHAT COUNTRY
dos	HOUSEWIFE		- (MARYLAND	IL.SA.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		V
16	CLEMENT B. ENG	E Engel		WICHE	
/1 ¢	s, no er unknown) (If yes, give wor er dotes ef servicet	SECURITY NO.	17. INFORMANT		ADDRESS
th	WEN OPEN	213-01-478	Calvin F. Mil	ler- 3017 Orlas	ndo Ava - 2/2/4
	18.	CAUSE OF DEATH	Taction 1. Italian	cec joi j cicad	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE PLEURAL !	FRUSION	BETWEEN ONSET AND DEATH
	(This does not mean the made of dving en	(A) IMMEDIATE CAUS	CONSEQUENCE OF:		****
	heart failure, oslhenio, etc. It meons the diseose, injury or complication which caused deoth.)	502 10, OK AS A	CONSEQUENCE OF:	KREAST	`
	ANTECEDENT CAUSES	METASTA	M		
	DISEASES OR CONDITIONS, if ony, giving	(8)	A CONSEQUENCE OF:	1) EUNG	
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)	A CONSEQUENCE OF:		:
	11				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************		***************************************	***************************************
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDIN IN CERTIFYING CAUSES O	IGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PI OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) etc.)	ACE OF INJURY (e.g., in farm, foctory, street, effi	er about 21 C. WHERE DID	(If In Boltimore City,	
MEDI	21D. TIME (Month) (Doy) (Yeor) 1Haud 21E, 19 OF INJURY	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
\$	(APPROX.) White Work				
	22. I certify that (I) (this hospital) attended the	At Werk	1720 10	20 2/9	
	that (I) (we) lost sow the deceased alive on	0 1 2	17	in (my) (our) opinion d	leath occurred on the dote
	ond hour and from the couses stated above. (1) (,		The state of the state of
	23A. SIGNATURE		19		ATE SIGNED
	augue, A.	DEGREE Phys.	ding Med. Si	hoff 158	19/70
	23C. PHYSICIAN'S EN RIQUE, A		SD. ADDRESS	of Gan.	HOZD,
24A	BURIAL CREMATION, 24B. DATE 24C. NAM	LE OF CEMETERY OF CREA	MATORY 24D. LOC	CATION (City, town	n, or county) (Stote)
	Burial 2-13-70 Bal	timoreNationa		Baltimore, Md.	
25A	FR 1 9 1970 Robert E Standard	EGETRAR	25C SIINERAL DIRECTOR		lair Rd21206
	150-REV. 1/1/68	0 0 0	1 de la lacone	THE OTT DE	
4					

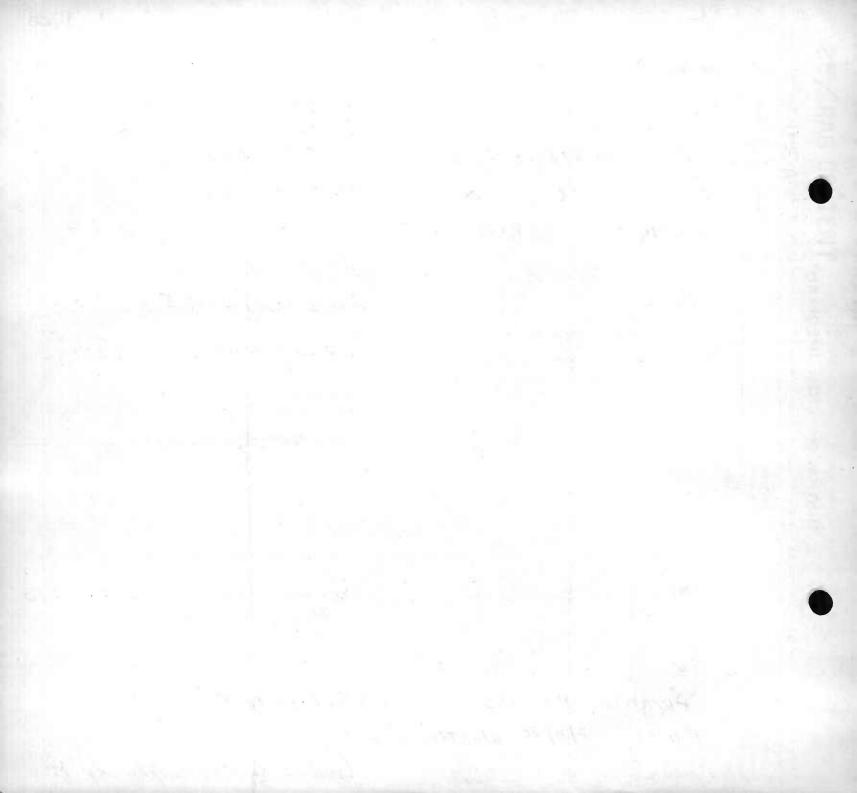
The second of the second secon · . Visiting through the same that it is a submitted tive to the technique its

11) - 1ell) 70	[77]	Y HEALTH DEPARTMENT	REG. NO.	70 1727
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	10 1/61
NAME OF DECEASED		2. DATE AND	D HOUR OF DEATH	- 1 0
Type or Print) Louise H. N.	apfel	Feb. 8	3, 1970	12:15 1
. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where	decoosed lived. If in	stitution: rosidenco botore odmission
ULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATING	OR INSTITUTION, GIVE STREET ON)	Md.		DE CITY LIMITS?
		Balto.		YES X NO
/)/) 4404 Adell Terr	ace	E. STREET AND NUMBER		
		4404 Adell Ter	rrace	
SEX 6. RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. If Under 24 Hrs
	WIDOWED DIVORCED	Oct. 17,1879	ost birthdoy)	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work)			20	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)			, 555,,	
House wife		Balto. Md.		U. S. A.
- FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
Adam Heimueller		Mary Sahl		
. Was Deceased Ever in U. S. Armed Force	s? 16. SOCIAL			ADDRESS
(es, no or unknown) (If yes, give wor or dotes	of sorvice) SECURITY NO.	17. INFORMANT Balto. A	Id. 21229	
	219-32-0085	Agnes Napfel 440	04 Adell Ter	
18410191	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRE	CTLY	0 ~		1 1
LEADING TO DEATH	(A)IMMEDIATE CA	USE CONSEQUENCE OF	ruleses	Ludlen
(This does not meen the mode of d heart failure, asthenia, etc. It means the	lying, e.g., DUE TO, OR AS	A CONSEQUENCE OF		
injury or complication which coused d	eath.)			
ANTECEDENT CAUSES	Caulie	Vescular 100 ree	ee C	8 morelle
DISEASES OR CONDITIONS, if on	(8)	Leseda Velice	Smalling	2
rise to the obove couse (A) s	toling the	Confines	Caraca	
UNDERLYING CONDITION lost.	(c)			
_ II				
O THE SIGNIFICANT CONDITIONS CON				10 5 75 75
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	1 (A).			
19A. DATE OF OPERATION 19B. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
THE STERIO				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimor	e City, give exoct location)
	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	While At Not Whi	le 🗖		
(AFFROX)	Work At Work			
22. I certify that (1) (this haspital)	attended the degeased fram	8/24 1	936 to 21	8 19 10
that (1) (we) last saw the deceased	alive an H 4	19 // and the	it in(my) (aur) api	nian death accurred an the da
and haur and from the causes state	d abave. (1) (Wa) (did) (did and)			
23A_SIGNATURE		The busy diter dedille		23B. DATE SIGNED
131 / 10 / B.			Staff	9/1/1
sust w pour	on MU DEGREE Pho	ys. Director L	Phys.	011910
23C-PHYSICIAN'S NAME (Type)		23D. ADDRESS		
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CE	EMATORY 24D. LO	CATION (C.	ty, town, or county) (State)
REMOVAL (Specify)		ALL THE STATE OF T		
Burial Feb.11,19			to. Md.	
SA, DATE REC'D BY HEALTH, DEPT 2	SE NAME-OF REGISTRAR	25C. FUNERAL DIRECTOR	Balto, Md. 2	
TD T3 13/A COSCO EN AN	7 0 0 0	G. Truman Sch		to. National Pike



BALTIMORE CITY HEALTH DEPARTMENT

D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in(my) (معت) apinian death accurred an the date 23B, DATE SIGNED

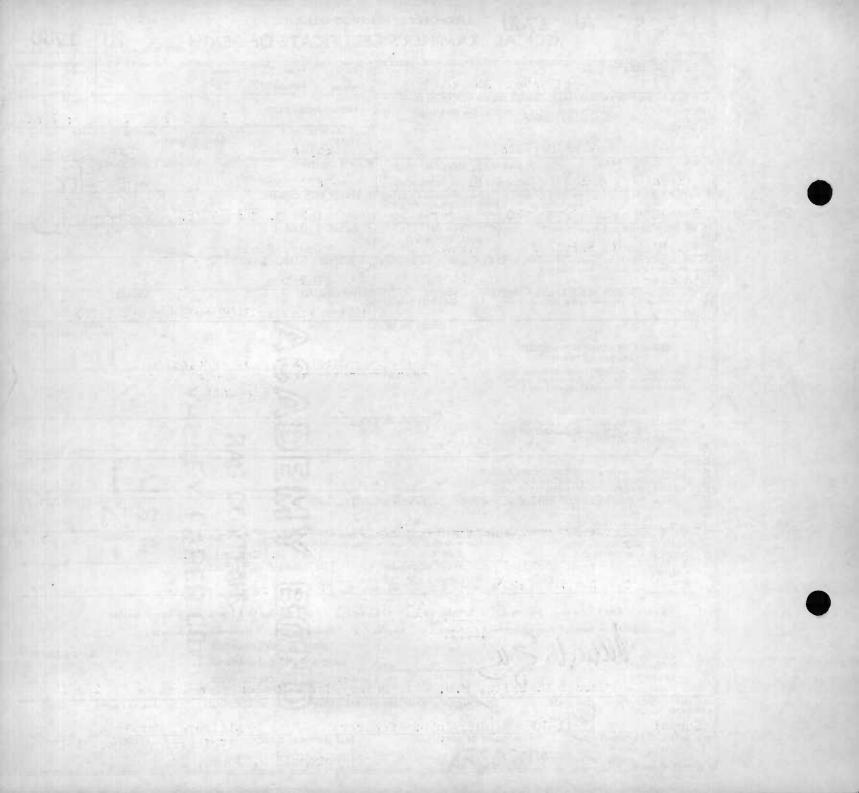


DIRECTOR:

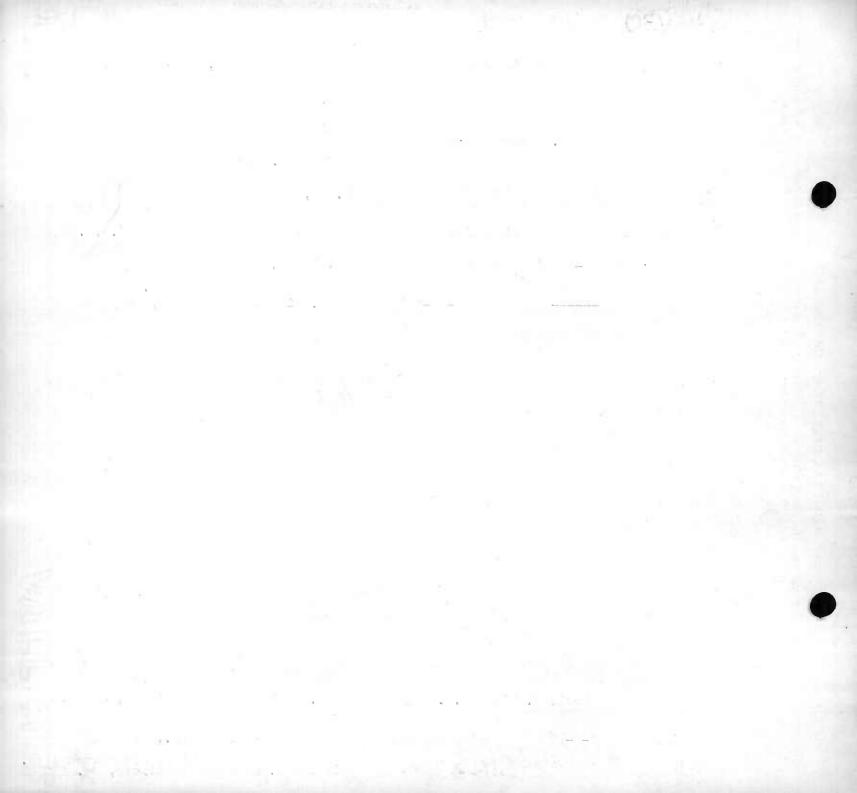
FUNERAL

A A STEEL AND A ST 1.3 the second of th

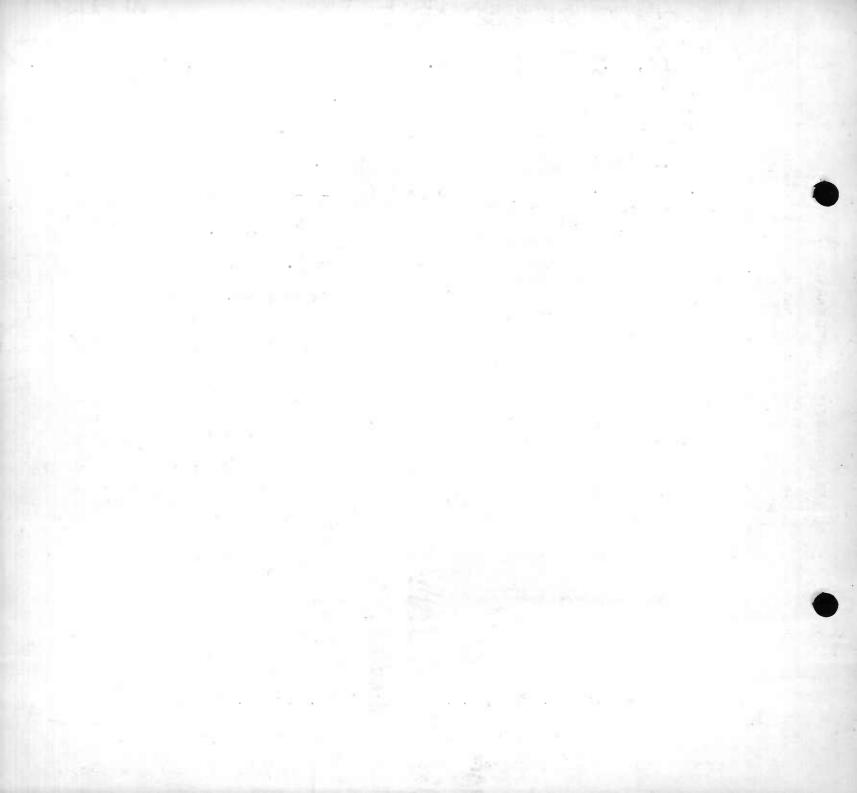
1-52	5 7	0 1	730	F)		MORE CITY H			OF	DEAT	ш	70	173	30
BIRTH NO.		MILL	ICA	/	\/\\\\	III TEK 5	CLKTII	CAIL	Oi	DLAI	REG. NO	10	11	
1. NAME OF DI	ECEASED						2. DATE	Known	EX	Month	Day	Year	Hour	
(Type of Frinity		Eliza	beth	Jo	hnsc	n	DEATH	Estimote	d 🗆					м
4. PLACE IN BA							3. DATE			Month	Doy	Yeor	Hour	741
HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	L OR INS	STITUTIO	ON, GIV	'E STREET		UNCED DEA		2	7 ved. If institution	70	9:07	a.,
22	Hank	ing Hes		. 1			A. STATE			e decedsed it	B. COUNTY	m; residence	7 AC	ssion)
6. SEX	7. RACE	ins Hos			1	-	ME I C. CITY O	ryland			In thising of		808	
				_	_	ER MARRIED					D. INSIDE C			
femal 9. DATE OF BIR		10. AGE (In	WIDO			DIVORCED		altimo			1	res 🗵	NO L	
132		lost birthdoy	1)	Mont	hs Doy	if Under 24 Hrs Hours Min	E. SIREEI	AND NUME						
7-4-188			80					1021 N	. C	hape1	St.			
II. BIRTHPLACE	(State or foreig	in country)			HATC		13. FATHER	'S NAME						
St. Mic	hael, M	aryland	1	Ü	.S.A	OUNTRY?		Emory	Dav	is				
I 4A.USUAL OCC	UPATION (Give f working life, ev	e kind ol work I en Ifretired)	4B. KINI	O OF B	BUSINE	SS OR INDUST	Y 15. MOTHE	R'S MAIDEN	NA!	ME				
Laborer					sewi	lfe		Unknow	'n					
16. WAS DECEA (Yes, no or unknow	SED EVER IN	U.S. ARMED	FORCE	5?	17. 50	CIAL CURITY NO.	IB. INFOR				A	DDRESS		
No	, (ii yes, give y	TOI OI GOIES	or service	'	350	CORITI NO.	Milton	Pinkn	ev	1022 M	cAleer	C+ 21	202	
19.	299	V				CAUSE OF DE				1022 11	CHIECI	Al	PROXIMATE IN	
-	3											BETW	EEN ONSET A	ND DEAT
DISEA	SE OR COND LEADING TO		.ILY				C	1			. 1			
(This does	not meon the	mode of dyl	ng, e.g.,			(A)IMMEDIATE	CAUSE SMC	ke and	SO	ot inh	alation al to c			
heart foilur	re, asthenio, etc. omplication which	. It meons the	diseose.			DOE 10, 01	AS A CONSEC	OLIVEE OF:				on-		
									IL	agratio	on	1		
	ANTECEDENT					(B)								
RISE TO IF	OR CONDITION	USE (A) STAT	GIVING			DUE 10, OR	AS A CONSE	QUENCE OF	:					
Z UNDERLY	ING CONDITI	ON LAST.				(c)								
OTHER SIG TO THE DE DISEASE O		11												
OTHER SIG	NIFICANT CON	IDITIONS CO	NTRIBU	TING										
DISEASE O	RCONDITION	GIVEN IN PA	RT 1 (A)			***************************************								
20A. DATE C	OF OPERATION	1 20B. CON	DITION	FOR V	WHICH	OPERATION W	AS PERFORA	NED				21. AUTO	PSY? (Yes o	r No)
O												no		
ZZA. EXTE	RNAL CAUSE	WAS		22B. P	LACE C	OF INJURY(e.g.	In or about	2C. WHERE	DID (If in Boltimor	e City, alve ex	no oct location)		
	G DR CON			home,	lorm, lo	OF INJURY (e.g. potory, street, offi	e bldg., etc.) I	NJURY OCC	UR?	1		VIV		
22D. TIME	(Month) (D	TH. ay) (Year)	/Non	r) 22	-	ME RY OCCURRED		1021 N	_			000		
OF INJURY	,, 7			'		NO NO	WHILE VORK	2r. HOW D	וט ווא.	JURY OCCU	JK?			
(APPROX.)	2 /	70	8:25	m. W	ORK	AT	VORK X	housef:	ire				,	
23.				7		_								
	rtify that I he		quiry	-		ction K A	tapsy 🔲	and that	on th	is basis,	death in my	apinion		
resu	Ited from: N	atural caus	95-	Ac	cident	Suici	de 🔲 🛚 Ho	micide 🔲		Undetermle	ed manner			
	. 11100.		>1	1				CHIEF MEDI	CAL E	XAMINER				
SIGNA		W.	< N			M.	ASSI	STANT MEDI	CALE	XAMINER			DATE SIGN	1ED
EXAMIN	VER'S		0					CIATE MEDI	CAL F	XAMINER				
NAME (ner U.	Spi				eputy C	hief Me	edi	cal Exa	miner	2	2/8/70	
24A. BURIAL CRE REMOVAL (Spec		4B. DATE		240	. NAME	of CEMETERY				LOCATION		n, or county)		e)
Burial		2-11-70)	М	t. A	uburn Ce	metery		30.7	Raltim.	ore, Ma	rvladd		
25A. DATE REC'E				AME C	OF REG	STRAR		UNERAL DI	RECTO	OR 1725	Harfor	DDRESS.	21212	
- · · · · · · DI	INAA		157	1 -	84 8							a-MAG.	21213	
EFR 10		IN AC	Mark	Mayo	Ma,	- 19	Ma	rshall	Wp	Jones	, Jr.			
VS J51. REV. 3/126	581010	NI Q	1 4	- 1	The state of	200	1 0	8 and	2					



4 1-3 20	BALTIMORE CIT	Y HEALTH DEPARTMENT		100 404
G-430 70 1	731 CERTIFICA	ATE OF DEATH	REG. NO	70 1731
1. NAME OF DECEASED (Type or Print)		2. DATE AN	ND HOUR OF DEATH	4
Albert Nelson Gi	llett	Febru	ary 7, 1970	5:30 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	nstitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland		1101/
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
		Baltimore		YES X NO
14 East Mt. Vern	on Place	E. STREET AND NUMBER	Te-	
		14 East Mt. V	ernon Place	<u> </u>
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Male White WID	OWED DIVORCED	Feb. 21, 1899	70	
OA, USUAL OCCUPATION (Give kind of work 10B, KI one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	inancial	Penneylvenie		U.S.A.
Consultant F 3. FATHER'S NAME	Inancial	Pennsylvania 14. MOTHER'S MAIDEN NA	ME	0,5,8,
Isaac - Gille	++	Allie E.	Seip	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	100	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.			Mt. Vernon Place
No	183-09-2447		t Baltimor	e, Maryland 21202
18.4-91XI	CAUSE OF DEA		Tim-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Co	ronam on fe		Fan munite
(This daes not mean the made of dying,	(A) IMMEDIATE CA	S A CONSEQUENCE OF:		
heart failure, asthenia, etc. II means the di	sease,	ohipeman	Minoria	. 2
injury or complication which caused death.	1.0	of formal a		13 yrs.
ANTECEDENT CAUSES	(B)	neurs	000000000000000000000000000000000000000	
rise to the above couse (A) station	giving	S A CONSEQUENCE OF:		The second second
UNDERLYING CONDITION lost.	(c)	******************		
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM OF DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		100 A W M	V 008 1- 1-	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
W 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INTURY (e.g.	in or obout 21C. WHERE DID	(If in Baltima	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street,	office bldg., INJURY OCCUR?	(11 111 0 0 1111110	to any, give exact location,
21 D. TIME (Month) (Doy) (Year) (Hau OF INJURY		21F. HOW DID IN.	JURY OCCUR?	
(APPROX.)	White At Work Not White At Work			F/ -
22. I certify that (I) (this hospital) atte	nded the deceased fram	2ct 13	196/ to 1	et. 1970
that (1) (we) last saw the deceased aliv	1-1 3	19 70 and th	hat In (my) (our) ap	Inian death accurred an the date
and haur and from the causes stated ab	ave. (I) (Wallet) (did not)			
23A. SIGNATURE	3 (1) (1) (11 (14) (414 (14))	view file bddy drief dedills		23B. DATE SIGNED
hours E. Wice	mD. A	tending Med.	Staff	2/9/70
23C. PHYSICIAN'S	GEGREE PH	23D. ADDRESS	Phys. L	177.70
NAME (Type)				
Louis E. W	GLOKE			imore, Maryland
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or C	REMATORY 24D. I	LOCATION	City, town, or county) (State)
Burial 2-9-70	Sater Cemetery	Be	altimore Co.	. Maryland
SA. DATE REC'D BY HEALTH DEPT. 250 N	AME OF STRAR	25C, FUNERAL DIRECTO		ADDRESS
FEB 1 9 1970 360000 5		William E. W	Johnson Bal	l Loch Raven Blvd. timore. Md. 21204
(C 100 BEV 1/1/4B		- U / E /		



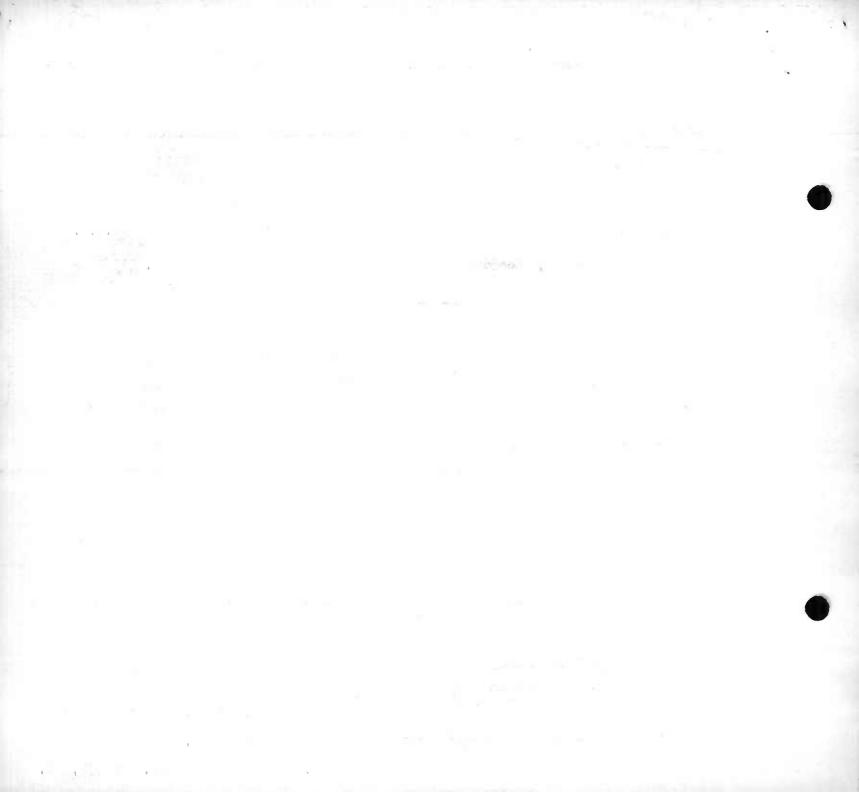
	(1)()	HEALTH DEPARTMENT			1732
5-530 70 17	32 CERTIFICA	TE OF DEATH	REG. NO		
BIRTH NO.	CERTITIO		D HOUR OF DEATH		
T DIA	3 3 T			000 0	.35 D
Smith, Mr. Vernon Mil	lard Jr.	H' H'eb	ruary 7, 1	970 7	:15 P. N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	TY	Sillollon, reside	1 12 0 M
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MD.			1307
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	DE CITY LIMIT	5?
	7	Balto.		YES X	NO 🗌
Keswick Home for Incurab	les oi	E. STREET AND NUMBER			
Balto. City		700 W. 40th	Street	212	211
	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. , If Under 24 Hrs
M. W. WIDOV		22 70 7000	last birthdoy)	Manths Day	ys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 B. KINE		12-19-1909		12 CITIZEN	OF WHAT COUNTR
one during most of working life, even if retired)	, or bosiness on intoosin	TITE BIRTHER CE (SIDIE OF TOTE	gii coomiyi	12. CHILLIA	or what cooms
Real Estate		Balto	, Md.		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NA		1	
Millard Vernon Smith		Anna V. Kei	ndall		
	11.6 50.01.01	17. INFORMANT	a control all alle	AP	DRESS
. Was Deceosed Ever in U. S. Armed Farces? es, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.		-3-	AL	Unto 3
No		Keswick reco	ras.		
18.64 19 Ex	CAUSE OF DEAT	TH			PPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY				0011	VEEN ONSET AND DEAT
LEADING TO DEATH		Par D. O.	les serv		2 8 000
	(A) IMMEDIATE CA	USE Cerebral ACONSEQUENCE OF:	removing	9-	1000
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise					0
injury or complication which caused death.)	n		110		
ANTECEDENT CAUSES	Te, Co.	cordente C	UN		
DISEASES OR CONDITIONS, if any, gir	(B) DUE TO, OR AS	S A CONSEQUENCE OF:			
rise to the above cause (A) stating	· iii g			MIT & IT	
UNDERLYING CONDITION lost.	(c)				
11	0.0		· 6.		24
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG P	walord Spred	. O.T. 19:11	5 0,50	cran.
I TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL Cher	macon June	year C	013000	Tras
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CO	NSIDERED
WAS PERFORMED			IN CERTIFYING CA	USES OF DEA	TH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltima	Cri.	
OR CONTRIBUTING CAUSE OF	home, form, factory, street, cetc.)	office bldg., INJURY OCCUR?	,	re City, give as	oct locotion
DEATH (notify medical examiner)				re City, give ex	oct location)
)	erc.)			re City, give ex	oct locotion)
21D.TIME (Month) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	re City, give ex	oct locotion)
21D.TIME (Month) (Day) (Year) (Haut) OF INJURY	21E. INJURY OCCURRED While At Not Whi	ile 🗀	URY OCCUR?	re City, give ex	oct locotion)
21D.TIME (Month) (Day) (Year) (Haur)	21E, INJURY OCCURRED	ile 🗆			
21D.TIME (Month) (Day) (Year) (Haut) OF INJURY	21E, INJURY OCCURRED While At Not Whi Work At Work	ile 🗀			ect location)
21D.TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) attend	21E. INJURY OCCURRED While At Nat White At Work At Work ed the deceased fram	pec Dec	19 4 /ta	3 F	eb 1970
21D.TIME (Month) (Day) (Year) (Haur) FINJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive	21E. INJURY OCCURRED While At Nat Whi Work At Work ed the deceased fram an 7	pec and the	19 4 /ta	3 F	eb 1970
21D.TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above	21E. INJURY OCCURRED While At Nat Whi Work At Work ed the deceased fram an 7	pec and the	19 4 /ta	J F	eb 1970 accurred an the da
21D.TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated abov 23A.SIGNATURE	21E. INJURY OCCURRED While At Nat Whi Nork Al Work ed the deceased fram an (I) (We) (did) (did nat)	Dec and the view the bady after death.	19 🖅 taat in(my) (aur) api	7 F nian death a 238. DATE S	ef 19.70 accurred an the da
21D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above	21E. INJURY OCCURRED While At Nat White At Work ed the deceased fram an 7. e. (I) (We) (did) (dra nat) Price M Att	Dec and the view the bady after death.	19 🖅 taat in(my) (aur) api	7 F nian death a 238. DATE S	eb 1970 accurred an the da
21D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated abav 23A. SIGNATURE	21E. INJURY OCCURRED While At Nat Whi Nork Al Work ed the deceased fram an (I) (We) (did) (did nat)	perding Med. Director	19 4 /ta	7 F nian death a 238. DATE S	ef 19.70 accurred an the da
21D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated abov 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	21E. INJURY OCCURRED While At Nat Whi At Work ed the deceased fram an 2. e. (I) (We) (did) (did nat) Price M AH Ph	pec and the view the bady after death. Med. Director 23D. ADDRESS	19 🖅 ta nat in(my) (aur) api Staff Phys. 🗆	7 F nian death a 238. DATE S	ef 19.70 accurred an the da
21D.TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated abov 23A. SIGNATURE 23C. PHYSICIAN'S	while At Nat Whin At Work at the deceased fram an At Weel (did) (did nat) Prince (1) (We) (did) (did nat) At A	view the bady after death. Pending Med. Director Director 700 W. 40th 5	19 🖅 ta nat in(my) (aur) api Staff Phys. 🗆	7 F nian death a 238. DATE S	ef 19.70 accurred an the da
21D.TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated abov 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Harold P. Biel 4ARURIAL CREMATION, 1248. DATE, (124)	While At Nat While At Work At	ple	19	7 F nian death a 238. DATE S	iccurred an the da
21D.TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated abav 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Harold P. Bieh	While At Nat While At Work At At Work At At Work At At Work At	ple	19	238, DATE S	iccurred an the da
21D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated abay 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Harold P. Bier 4A BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 2670/70	while At Nat White At Work At	pec and the view the bady after death. Pending Med. Director Dire	Shaff Cocation (Cocation)	238, DATE S	iccurred an the day
21D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated abov 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Harold P. Bier 24A RURIAL CREMATION, REMOVAL (Specify) 24B. DATE 2470/70	While At Nat While At Work At At Work At At Work At At Work At	ple	Shaff Cocation (Cocation)	238, DATE S	iccurred an the date of the da
21D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated abov 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Harold P. Bier 24A RURIAL CREMATION, REMOVAL (Specify) 24B. DATE 2470/70	while At Nat White At Work At	pec and the view the bady after death. Pending Med. Director Dire	Shaff Cocation (Cocation)	238, DATE S	iccurred an the da IGNED L 70 Dunty) (State)
21D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated abov 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Harold P. Bier 24A RURIAL CREMATION, REMOVAL (Specify) 24B. DATE 2470/70	while At Nat White At Work At	pec and the view the bady after death. Pending Med. Director Dire	Shaff Cocation (Cocation)	238, DATE S	iccurred an the da



FUNERAL DIRECTOR: IMPORTANT

W- 453 BIRTH NO.		1733		TE OF DEATH	REG. NO	70	1733
1. NAME OF DECEASED		IZABET	H WHAYLAND	2. DATE A	ND HOUR OF DEATH	. 0	:00 PM
3. FLACE IN BALTIMOR FULL NAME OF (I) HOSPITAL OR INSTITUTION			TION, GIVE STREET	4. USUAL RESIDENCE (Who A. STATE B. COUI MARYLAND C. CITY OR TOWN			202
	OHNS HOP	PKINS F	HOSPITAL	BALTIMORE E. STREET AND NUMBER 348 E. UN	P	YES X	NO 🗌
FEMALE W	HITE	WIDOWED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	if Under 1 Y Months Day	r. if Under 24 Hr. Haurs Min.
OA. USUAL OCCUPATION OF WORKING HOUSEWIFE	N (Give kind of work life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	Maryland	ign cauntry)		OF WHAT COUNT
JACOB V				14. MOTHER'S MAIDEN NA		USA	
S. Was Deceased Ever in es, na or unknown) (if yes	U. S. Armed Fare, give wor or date:	es? s of service)	6. SOCIAL SECURITY NO. 217-16-5977	17. INFORMANT (Son) Mr. J. Wilson	550 Whayland, Bal	9 Green	oress nleaf Road
DISEASES OR CO	DITION last	stating the	(B). DUE TO, OR AS	A CONSEQUENCE OF:	cenar of	Dog	des
TO THE DEATH BUT IN DISEASE OR CONDITION TO THE OF OPERA OF OPERA OR CONTRIBUTING DEATH Inably medica	ON GIVEN IN PART TON 198, CONE WAS PERFE	ORMED 21 B, P	LACE OF INJURY (e.g., in	20 A. AUTORSY? (Yes or No or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	208, IF YES, WERE FII IN CERTIFUNG CAU	SES OF DEATH	1?
21D. TIME (Month OF INJURY IAPPROXI	I IDay) (Year)	(Hour) 21 E. II While Wark	NJURY OCCURRED Al Work At Work	21F. HOW DID INJ	URY OCCUR?	1	
22. I certify that (1 that (1) (we) last so	w the deceased	olive on	2/6	2 16/65 19 20 ond the	tatapinio	on dooth occ	5 19 70 curred on the dot
23A. SIGNATURE	Blue	ed obave. (1)	(did) (did not) vi	ding Med.		3B, DATE SIGN	
23 STHYSICIAN'S NAME IType)		/ADDILL	DEGREE	THE JOHNS E	OPKINS HOS	SPITAL	(D / / (
REMOVAL (Specify) Burial	2/10/70	Hebro	on Cemetery of CREA		ebron, Wicomi	ico, Mar	•
FEB 13 197	1 Robert	STRAME OF	REGISTRAR	HOLLOWAY & COL		At	DDRESS

here I done ! Popillar James Jack N - rabability 13. Browner N 2/6/12/18/69 Welcold 13



occurred

IMPORTANT

DIRECTOR:

FUNERAL

hospital

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

1735

NO X

Hours

U.S.A.

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs. Hours i Min.

A CONTRACT OF THE PARTY OF THE

25C. FUNERAL DIRECTOR

ADDRESS

John J. Duda 7922 Wise Ave. Dundalk,

25A, DATE REC'D BY HEALTH-DEPT.

VS 151-REV. 7/1/68

A

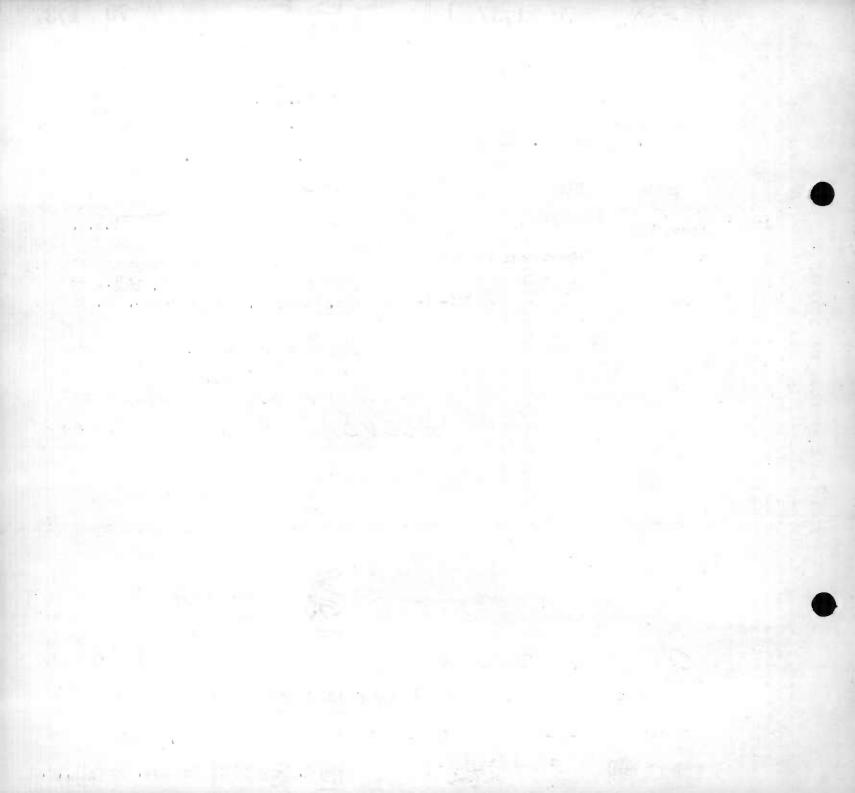
The townstant, being at the Private IV Address To The Land Street Co. Co. A SERVICE COLLEGE OF THE STREET OF THE SERVICE OF T Sonfers, percelling modulate or-ti-t John W. Buda 7922 Ass Aye. Durdells, Jr.

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS YES TO NO If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Rt. 16 BOX 25 Balto. Md. 21220 BETWEEN ONSET AND DEATH 20 A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (aur) apinion death occurred on the date (City, town, or county) Baltimore, Maryland ADDRESS John J. Duda 7922 Wise Ave. Dundalk Md



		- 113
	death death assed n the Such	100
	of of Dec ath.	-
	cause use; (5) tendanc	1
	ibuting ined ca ined ca ilar att	5.
	eath acc or contr ndeterm s in regulation is m	5. 11 11 11 11 11 11 11 11 11 11 11 11 11
	if dect 4) U was the pasi	1
TANT	sistant the dir kind; (death ice on	15
APOR	his as to, if if any inced endar	
S	Alsonau aft	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be appraved by the chief medical examiner or his assistant if death accurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture at any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronaunced death was in regular attendance an the deceased priar to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained befare the remains are embalmed ar final dispasition is made.	
110 T	dical dical urns; (/siciar was i	180
ERA	me My bu phy cian	AAEDICA! CEBTIEICATION
NO	oy a bac the hysic	FPTIC
14.	tal here	IA 7
	ospi ospi atura pt w (6) r	MEDI
	he he hay ny	
	of all (ed h);	
	ased ased lent ospit death	
	a ho	
	was An An pria	
	sed in an	24
	This certificate must be all the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased priar to death) written approval must be	25
	W > O >	11

O rah	BALTIMORE CITY	Y HEALTH DEPARTMENT	100
5-530 70 17	120	TE OF DEATH REG. NO.	70 1738
BIRTH NO.	CERTIFICA	AL OI DLAIN	
1. NAME OF DECEASED (Type or Print) EVELYN V	SMITH	2. DATE AND HOUR OF DEAT	1 800 p
3. PLACE IN BALTIMORE, MANTLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II	f institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	mol.	NSIDE CITY LIMITS?
27		Ballo	YES NO
MERCY	HOSPITAL	853 Wellington St	
N 1 MILE.	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthdoy)	If Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIP	OWED DIVORCED	12-13-02 68	
done during most of working life, even it refired)	Restaurant	II. BIKINPLACE (Slote or loreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	· marine	14. MOTHER'S MAIDEN NAME	
?		?	
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) life yes, give wor or dotes of ser	vice) 1 6. SOCIAL	17- INFORMANT	ADDRESS
	220-07-1694	I harles R. Smith 2512	Harwood Road.
18.4/8.9	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		61: 16	, SET WEEK OKSET AND DEATH
(This does not mean the made of dving.	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	- e /min s
heart failure, asthenia, etc. It means the dis injury ar camplication which caused deoth.!		Accordance of:	
ANTECEDENT CAUSES	41	Henry MI	min 1
DISEASES OR CONDITIONS, if any,	piving (B) DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating UNDERLYING CONDITION last,	the (C)	75CVD	years
	\0/		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF THE TERMINAL OF THE TERMINAL OF THE TERMINAL OF THE	ING -		
U 19A-DATE OF OPERATION 1198 CONDITION	*****************	[20A. AUTOPSY? (Yes or No)] 208, IF YES, WER	S SIMPLY OF COME PART
WAS PERFORMED			E FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., inhome, larm, foctory, street, of	n or obout 21C. WHERE DID (II In Boltim	nore City, give exact location)
21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While Work At Work		
22. I certify that (this hospital) attend		1/28 19 70to	2/10 19.70
that (we) last saw the deceased alive	_ / : _		plnion death occurred on the date
and haur and from the causes stated abo	ve. (1) (We) (did) (474) v	lew the bady after death.	
23A, SIGNATURE Borbed	Phin	nding Med. Staff Phys.	23R DATE SIGNED /70
23 C. PHYSICIAN'S NAME (Type) RARBE	DEGREE	MERCY :	HOSP
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION	City, town, or county) (Stote)
Bernal 2-13-70	moreland Min	. Park Ballo	Mol.
TTD 4 - ADMS / 1/1 A / 7	Ber M.D.	25G FUNERAL DIRECTOR	15 Chesture Luc.
VS 150-REV. 1/1/68			

Inspection

Accident

258, NAME OF REGISTRAR

Russell S. Fisher, M.D.

Autopsy XX

Hamicide __

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Sulcide ___

24C. NAME of CEMETERY OF CREMATORY

Lakeview Memorial

ond that on this basis, death in my opinion

24D, LOCATION

Undetermined manner

Sukesville. Md.

Eline & Sons Reisterstown, Md.

(City, town, or county)

ADDRESS

DATE SIGNED

(Stote)

2-9-70

I certify that I held an Inquiry

teb. 12,70

resulted from: Natural causes &

ACTUAL

REMOVAL (Specify)

Burial

VS 151-REV. 1/1/68

SIGNATURE_ EXAMINER'S

NAME (Type)
24A. BURIAL CREMATION,

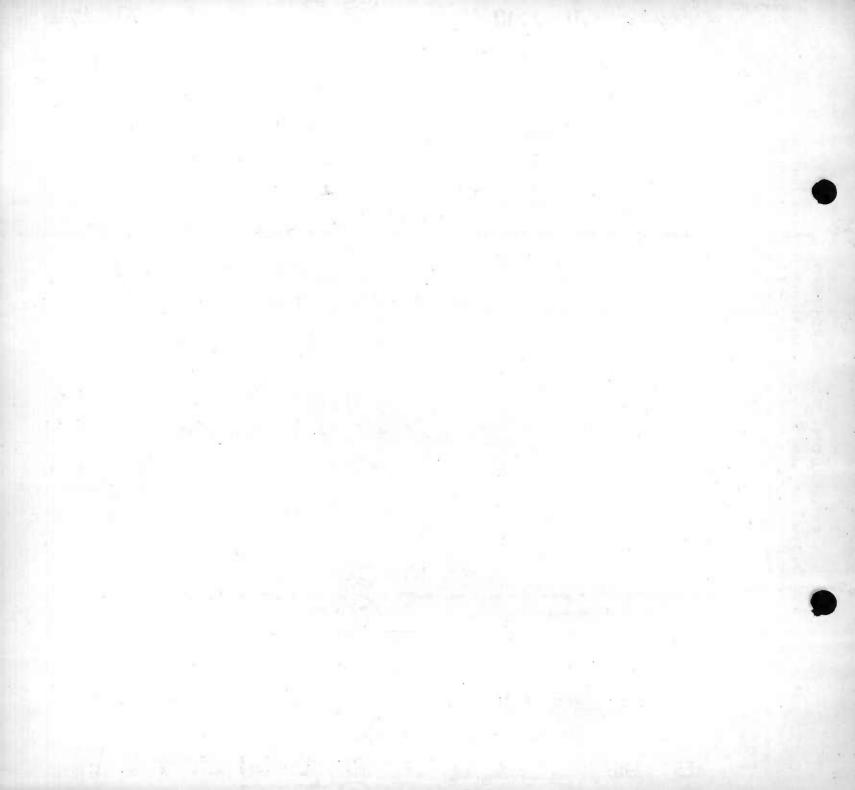
25A DATE REC'D BY HEALTH DEPT.

TO THE RESIDENCE OF THE PROPERTY OF THE PARTY. BY ALL STATE OF SHALL SH

IMPORTAN

DIRECTOR:

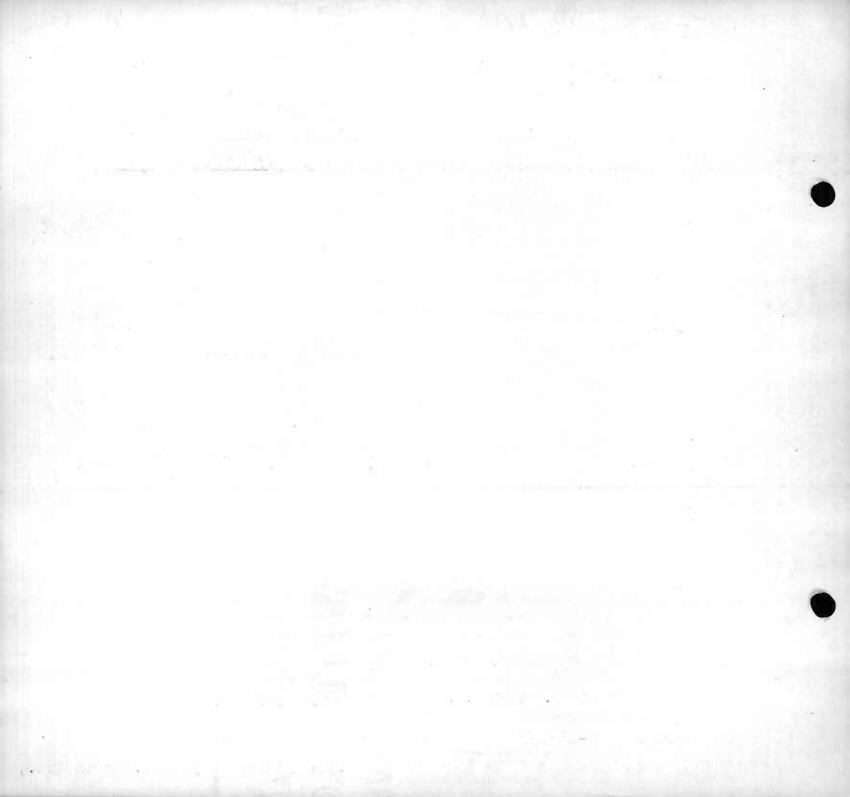
FUNERAL



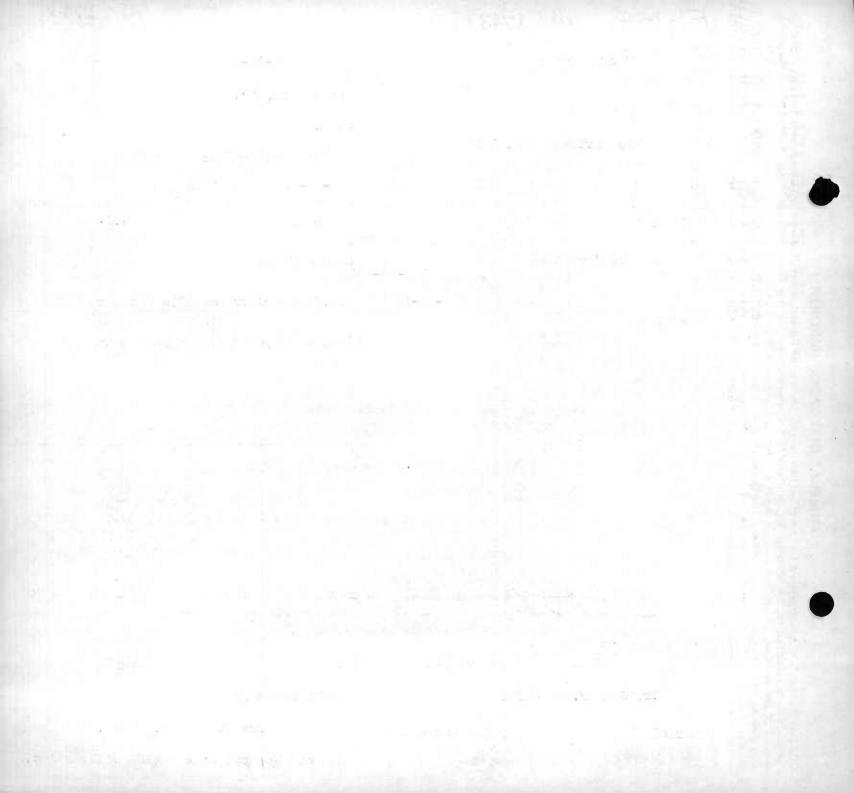
Cy 2302 - 68A 62 68-35-E / 2-28-8 ED 7757 W34 - TE TOKE entered & EBER DOWN IN CEREBEA . SCH M A 44 - 16 75 46

7	The second second	
1	the th	
	pproved by the chief medical examiner ar his assistant if death accurred in a hospital and it the haspital by a medical examiner. Also, if the direct or cantributing cause of death any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician wha pronaunced death was in regular attendance on the 3 and (6) Na physician was in regular attendance on the deceased prior ta death. Such	
	a de de	
	at e Do	
	se se (5)	
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	I Constitution	
	d ing	
	ar ar	7
	riik gul	-
	antant	
	det c	2
	Jnc d	
	the the	0
5	# E E	-
A	nd nd	-
2	th th do	
ō	da da	
AP	his fo, fo	7
=	Als e e	-
**	ים בים	1
FUNERAL DIRECTOR: IMPORTANT	ac ac	1
E	A fr	1
E	XXXX	-
=		1
0	dic ica rns rns sici	1
A	bed hy	1
2	Y E Y G ID	1
Z	a a a a a a a a a a a a a a a a a a a	1
)	by by	
	al + 10 % or 1	7
	Vie pin	
	ed atu	
_	0 0 0 D	-
	4 (e)	1
	5000	
	ed ed pit	4
	de de	-
	ele cci	-
	Is r	
	W A	
	± >€00	-
	S: Cer	1
	This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a hospital and the body was released to the haspital by a medical examiner. Also, if the direct or cantributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician wha pronounced death was in regular attendance on the deceased prior to death. Such	
	부 t t 3 b	The second secon

1/10	70 15	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 4 40
K -/5/6	70 17	CERTIFICA	TE OF DEATH	REG. NO.	70 1742
NAME OF DECEASED		-/	2. DATE	AND HOUR OF DEATH	1-5-
Type or Print Kill H	ner Mrs	Edna. Likens	louna Fel	bruary 8-19	170 8 g
3. PLACE IN BALTIMOKE,	MARYLAND, WHERE P	RONOUNCED DEAD		Where deceased lived, If ins	titution: residence before odmissi
FULL NAME OF (IF	NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	740	. 0.	1307
	DRESS OR LOCATION	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
G			Rattino		YES NO
71.	2	1 00	E. STREET AND NUMBER		
Kernerk	do mode	ratacheration	200 (1). 4	8the STOREST	212.11
SEX 6. RACE	7/MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 h
Lemala 111h	4	OWED DIVORCED	May 10 1899	last birthday	Months Doys Hours Min
DA, USUAL OCCUPATION	10	ND OF BUSINESS OR INDUSTRY		foreign country)	12, CITIZEN OF WHAT COUN
one during most of working lit			7 4.	7. 1	
Practical	Murre	nursena	Ballema	se Heryland	11.5.7.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME ;	
John Hea	rae your	10	Harrist.	Alexa 1. 16.7	nabalens.
5. Was Deceased Ever in	U./S. Armed Forces?	/ 16. SOCIAL	17. INFORMANT	The state of	ADDRESS
es, no or unknown) (If yes,	give war or dotes of se	V 1	1	26	1
110 / 0		CAUSE OF DEAT	1) les	wer re	LAVERO . APPROXIMATE INTERVA
18. 485 X			ın		BETWEEN ONSET AND DE
	ONDITION DIRECTLY		Br 6	,	3 das-
	the mode of dying,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	spreumonin	- 20-41-
heart foilure, asthenia	, etc. It means the di	sease,	A CONSEQUENCE OF:	/	
	which caused death.				
ANTECE	DENT CAUSES	(8)			
	NDtTIONS, if ony, cause (A) stating	giving DUE TO, OR A	S A CONSEQUENCE OF:		
UNDERLYING COND		(C)			
	11	Ho a	itenoscleron	in with	
	ONDITIONS CONTRIBU	ITING	lund Lewi	.0	1041.
A DISEASE OR CONDITIO	OT RELATED TO THE TERM	ATNAL 1484	eury reun	magra	·····
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	Na) 208. IF YES, WERE F	INDINGS CONSIDERED
F (0)					
OR CONTRIBUTING	UNDERLYING CAUSE OF	21B. PLACE OF INJURY (e.g., home, farm, factory, street,	in or about 21 C. WHERE DIE	(If In Baltimare	City, give exoct location)
DEATH (notify medical	exominer)	etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
O 21 D. TIME (Month)	(Doy) (Year) (Hour	1) 21E, INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY (APPROX.)		White At Not Whi			
THE CAN		Work L At Work	-	12	021 2.
22. I certify that (1)	(this haspital) atter	nded the deceased fram	JAMARY	1962 to	8 reb 1970
that (I) (we) last so	w the deceased aliv	e on FF	el- 19 70 and	that in(my) (our) apIn	Ion death accurred an the
ond hour ond from t	he causes stated abo	ove. (I) (We) (did) (did nat)	view the body after dec	th.	
23A. SIGNATURE	0/	2			23B, DATE SIGNED
Ha	rold 1.1	DL.	ending Med.	Staff Phys.	2 Feb 1970
23 C. PHYSICIAN'S		DEGREE	23D. ADDRESS	,,	2 Feb 1970
	rold P. Bie	hl M.D.	A THE PERSON NAMED IN	Ctmoot	
		DEGREE			E T. 1
24A. BURIAL CREMATION REMOVAL (Specify)		24C. NAME of CEMETERY OF CE			y, town, ar county) (Stat
Burial	2-11-1970	Lorraine Pa	rk	Woodlawn	Md.
SA. DATE REC'D BY HEA	LIN DEPT C 28. A	AME OF PEGISTRAR	2SC, FUNERAL DIREC		ADDRESS
FEB 13 79/U	JUSTIN CH JOHN	0 0 0	G. Howard	Strong 3207	W. North Ave.
S 150-REV. 1/1/68	1	7 1 37 51	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

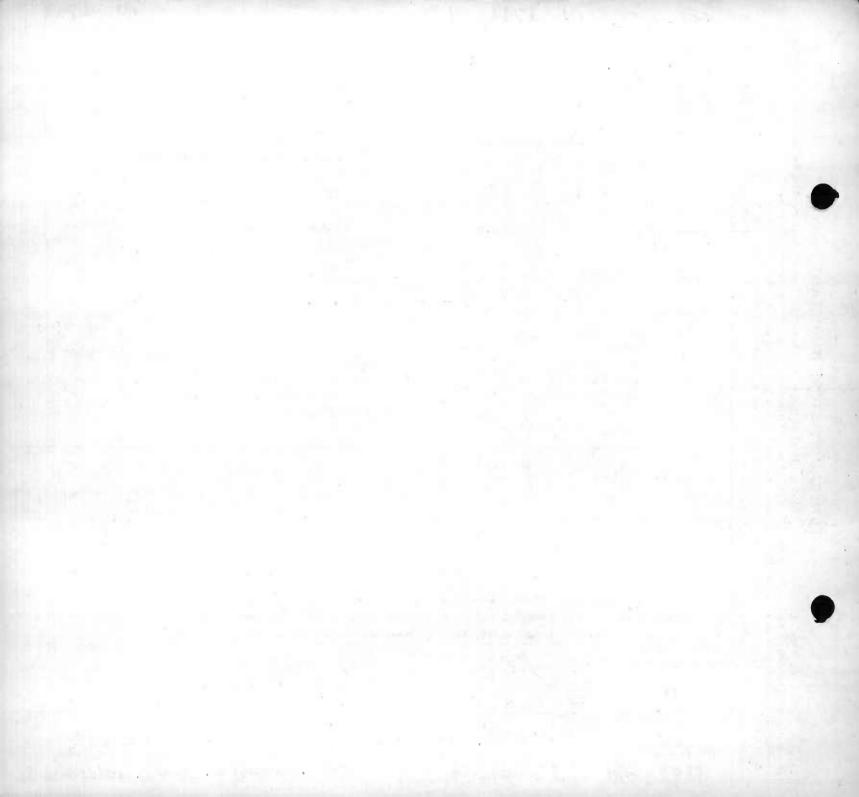


-	חריו א		BALTIMORE CITY	HEALTH DEPARTME	NT	'70	1743
BIRTH NO.	00- 10	1743	CERTIFICA	TE OF DEAT	TH REG. NO	70	1/40
Type or Print)	ceased Thelma Evans				TE AND HOUR OF DEATH	1	2020
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONOU	NCED DEAD		E (Where deceased lived, if	institution: resid	dence before odmissi
FULL NAME OF	(IF NOT IN HOSPIT.	AL OR INSTITU	TION, GIVE STREET	Baltimore	e, Md.	2	854
NSTITUTION				Balto. Md	D. IIV	SIDE CITY TIMI	
00 1	736 Dartford	A 010	120	E. STREET AND NUM	REP	Y65 2	NO 🗌
10 4	1/36 Dartiord	Ave. 212	.29		rt ford Ave	21229	
. SEX	6. RACE	7. MADDIED T	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr., If Under 24 I
F	W	WIDOWED	DIVORCED	11-18-189	94 °% \$\$! \$\$! \$\$ 15 15 15 15 15 15 15 15 15 15 15 15 15	Months De	oys Hours Min
	CUPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)		OF WHAT COUN
Housew	f working life, even if retired) 71 fe			Maryland	1	U.S	.A
3. FATHER'S NA	AME			14. MOTHER'S MAIDE	IN NAME		
Ro	bert Ford Bea	n		Rowena Fox	kwe11		
	d Ever in U. S. Armed For		16. SOCIAL 214-54-	3320		A	DDRESS
es, no or unknow	(If yes, give wor or dote	s of service)	SECORITI NO.	17. INFORMANT		^	DDRESS
			577-05-3787	Mrs.Rowena	a Corrigan 473	Dartfo	rd 21229
18.43	0.9		CAUSE OF DEAT	Ĥ			APPROXIMATE INTERVA
DISEA	ASE OR CONDITION DI	RECTLY		Sulvaced	Lacured La.	1000	2 1
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE OF TACK	mond I have	rage 1	O WHILL
	nal meon the made of , osthenia, etc. il meons			A CONSEQUENCE OF:		0	
	mplication which coused					1/1/11	
	ANTECEDENT CAUSES						
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	he obove cause (A)	sloling the					
ONDERETIN	TO CONDITION (US).		(c)	_			
Z OTHER SIGN	II IFICANT CONDITIONS CO	NITRIBILITING	Ch.	B C.	1		
TO THE DEA	ATH BUT NOT RELATED TO THE	HE TERMINAL	- Con .	mond sid	marone	**********	
19A. DATE C	CONDITION GIVEN IN PAR OF OPERATION 198. CON		HICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WER	FINDINGS CO	ONSIDERED
	WAS PER	FORMED			IN CERTIFYING	AUSES OF DE	ATH?
	ENT WAS UNDERLYING		PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE	DID (II th Baltim	ore City or	xact lacation)
	SUTING CAUSE OF fy medical examiner)	home	e, form, foctory, street, o	ffice bldg., INJURY OCC	UR?	1. 3.	500
<u>U</u>					1 4	ca Dali	0
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		ID INJURY OCCUR?	16	1 - 6
(APPROX)		Worl	e At Not While			" way	
22. L certif	y that (1) (this hospital) ottended th	e deceased from	2.10	19 70 to	2-	10 19 70
) lost saw the decease		2.10	19 70	ond that in (my) (ear) of	-1-1	
						ornion deorn	occurred on the
	nd from the causes stat	ed obove. (1)	(We) (dld) (dld not) v	lew the body ofter d	leoth.	1	
23A. SIGNAT	URE H	1000	- 1	and the state of t		23B. DATE	
	78UM 7. X	Mall.	EL MD DEGREE Phy	nding Med. birectar	Staff Phys.	41	170
23C. PHYSICI	AN'S			23D. ADDRESS	Boyden Edition		
Dr	John F. Scha	aefer		401 Rar	ndom Road		
	EMATION, 248. DATE		ME of CEMETERY OF CR			City, town, or o	county) (Stot
REMOVAL	(Specify)				Frederick Av	•	
Burial			w Cathedral			of Delta	
SA. DATE REC'	D BY HEALTH DEPT	23B. NAME O	5 GEGISTRAR	Unbhard	Fun er al Home	4107 W	ADDRESS 1kens Ave
FR 13	121A respecto est		0 0 0	Udppard 1) Tulieral nome	410/ WI	TKCHS AVE
'S 150-REV. 1/1	/6B				*		



IMPORTANT

FUNERAL DIRECTOR:



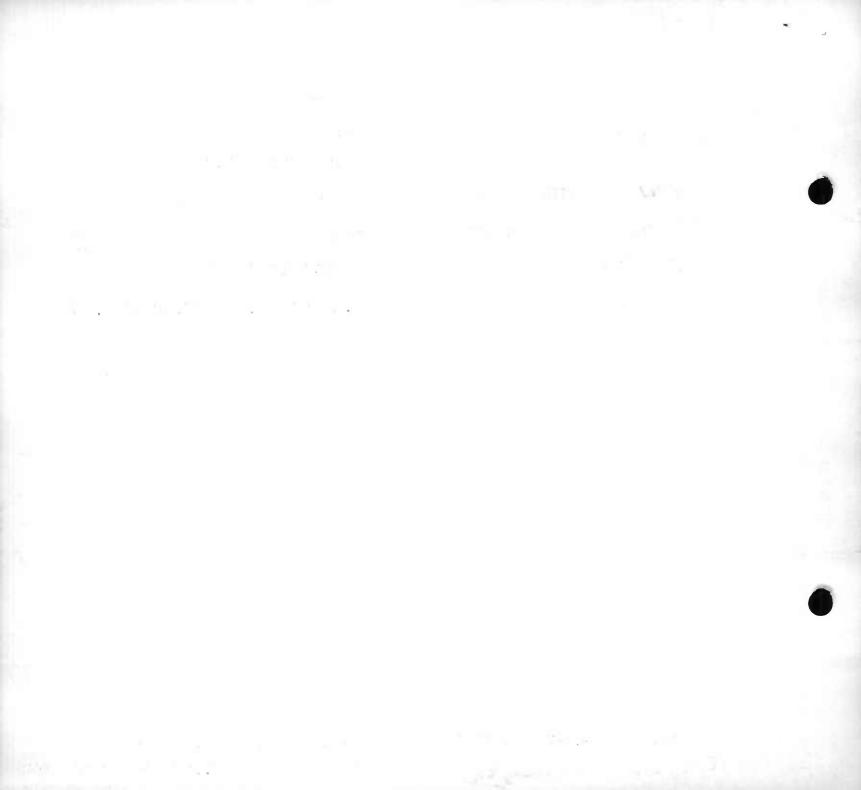
	sed the cch	
	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death f any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I (except where the physician who pronounced death was in regular attendance on the); and (6) No physician was in regular attendance on the deceased prior to death. Such se obtained before the remains are embalmed or final disposition is made.	
	a hos cause se; (5) indan	
	ting d causer atte	
	ntribu rmine egula ased s mad	
	or condete sin redece	
Ļ.	irect (4) U h wa n the	
RTAP	the chind deat deat	
MPO	his as Iso, if of any unced itenda	
FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contributing any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined (1) (except where the physician who pronounced death was in regular by; and (6) No physician was in regular attendance on the deceased price obtained before the remains are embalmed or final disposition is made.	
ECTO	xamir Xamir) A fro who	
L DIR	dical erras; (3 sician	
IERA	ief med med dy bu	
FUN	the ch (2) Bo (2) Bo ore th phys	
	ospitation at the pt who had be need be	
	the hand no control (except and obtain	
	t be a sed to sed to sed to spital (eath) ust be	
	e mus accide accide t a ho or to d	
	tifically was (1) An D.A. a ad pric	100
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	2
	F T N 3 T 3	

	12-152		BALTIMORE CITY	HEALTH DEPARTMENT		170 day 45
	BIRTH NO.	70 1745	CERTIFICA	TE OF DEATH	REG. NO	70 1745
	I.NAME OF DECEASED				ND HOUR OF DEATH	. 15/0
	7C/10C	-B.GRAN	DSTAFF	2	-9-70	129 F. M.
	3. PLACE IN BALTIMORE, MAR	YLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe	no decoosed lived, If instit NTY	tution: residence belore admission
	I MUSPITAL UK ADDRESS	N HOSPITAL OR INSTITUTION	TION, GIVE STREET	Maryland		2610
	INSTITUTION			Baltimore		CITY LIMITS?
	31 MERCY HOSPIT		nien,	E. STREET AND NUMBER		23 10 1
de	5. SEX 6. RACE	110 1	17 172	3221 Esther		
E	5. SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH 8/23/175	9. AGE (In yours lost bighdoy)	If Under 1 Yr. Il Under 24 Hrs. Nonths: Doys Hours Min.
2.	10A. USUAL OCCUPATION (Give	WIDOWED L		11. BIRTHPLACE (Stote or lore	-	12. CITIZEN OF WHAT COUNTRY?
disposition	done during most of working life, ever factory Work	er retired		Jeffenson Co		USA.
pos	Garland B. Gre	and stall		14. MOTHER'S MAIDEN NA	ME	
dis				Ella Ashby		
8	15. Was Doceased Ever in U. S. (Yes, no or unknown) (If yes, give v	vor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
final	yes WW	77	232-26-4566	Mrs. Hettie i	. Grandstaf	l 3221 Esther PL
0	DISEASE OR CONDI	TION DIRECTIV	CAUSE OF DEATH			SETWEEN ONSET AND DEATH
peu	LEADING TO	DEATH	(A) IMMEDIATE CAU	Re chinaso	m Saile	a dari
baimed	(This does not mean the heart foilure, asthenia, etc.	il means the diseose,		CONSEQUENCE OF:		
E	injury ar camplicalian which	h caused death.)	1	M/ D		
0	DISEASES OR CONDITIO		(B) OR AS	A CONSEQUENCE OF:	************************	year 1
Sar	rise to the above car UNDERLYING CONDITION	se (A) stating the		A CONSEQUENCE OF		Y
ain	ONDERENING CONDITION	1021	(c)			
remains	O OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING	(0)	halmon	le	n - V21
0	TO THE DEATH BUT NOT RELL OF DISEASE OR CONDITION GIVE 194. DATE OF OPERATION	EN IN PART 1 (A).	7			//2014/1
t e		WAS PERFORMED	: Traches for	20A. AUTOPSY? (Yes of No	N CERTIFYING CAUSE	S OF DEATH?
efore	Z/6/70 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS		LACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(li in Boltimore C	ity, give exoci location)
pe	DEATH (nolify medical examination	ner) NO elc.)	torn, tociory, sweet, on	ice bldg., INJURY OCCUR?		
ed	OF INJURY (Month) (Doy		NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
btained	< (APPROX.)	While Work	At Work		N	
opi	22. I certify that (this		- 1		9 7 Ota 3	19 19 70
pe	that (we) last saw the		/ '	19	ot in (our) opimo	n death accurred on the date
must	and hour and from the cau	ises stated above.	(We) (did) (distant) vi	ew the bady after death.		
	150	rleh	MP Atter	ding Med.	Staff Z	2/9/70
DAG	23C. PHYSICIAN'S NAME (Type)	0	OEGREE Phys.	3D. ADDRESS	Phys.	-///
approval	BAY	RBEDO	MD	MEX	Cly Ho.	SP
	24A. BURIAL CREMATION, 24B.	1 1.	AE of CEMETERY OF CRE			own, or county) (Stote)
ter	Burial 2/			orial Park Bal		land
written	FEB 13 1970		REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS C.
1	VS 150-REV. 1/1/68	But & Jailey	ALD COLOR	Janut 11. 110 ha	150 nc. 3000	E. Paltimore St

\$ 15 TVs EARBEDO NP IMPORTANT

DIRECTOR:

FUNERAL



S-1111 MO 4	BALTIMORE CITY	HEALTH DEPARTMENT		70 194
BIRTH NO. I. NAME OF DECEASED	47 CERTIFICA	TE OF DEATH	REG. NO	70 174
(Type or Print)			D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	- Silver mai	7 February OFFICE ONLY	5. 9, 19	7017 45/
THE PARTY OF THE P	KONORNCED DEXD	4. USUAL RESIDENCE (Whe	re deceased lived. If in ITY	stitution; residence before admiss
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND		27-19
INSTITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Margland General	Hospital	Baltimor.		YES NO
		E. STREET AND NUMBER	3701 WYLTE	AVENUE XXXXXXXXXXXXXXXXX
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	I If II - 1 - 1 V
	WED DIVORCED		lost bisthday	Manths Doys Haurs Mir
OA. USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or face	47	
and defining the, even it failed)				12. CITIZEN OF WHAT COUN
	ERAL MOTORS	BALTIMORE, MAI	RYLAND	u.s.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
JOSEPH SILVERMAN		FANNIE GOLDS	SIEIN	
5. Was Deceased Ever in U. S. Armed Forces? 'es,no ar unknawn) (iif yas, give war ar dates af sen	1 6. SOCIAL	17. INFORMANT		ADDRESS
Jus, give wor or doles of sen	SECONITI 110,		DUAN F721 A	
18 45 5 5			KMAN, 5/31 S	IMMONDS AVE. #15
18.532,91	CAUSE OF DEATH		K70.	APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MSPITCH	TON OF GA	31140	
(This does not mean the mode of dving	(A) IMMEDIATE CAU	SE	CONTEN:	14
heart lative, ashenia, etc. it means the dis-	ease, DUE TO, OR AS	EN AL MUC		
injury ar camplication which caused death.)	iswo)	en Ar uco	ENG .	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	*************	
UNDERLYING CONDITION last.	(c)			ì
11	(-)	***************************************	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN	NAL	***************************************		
19A. DATE OF OPERATION 198. CONDITION	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B IF YES WERE EL	NDINGS CONSIDERED
2 WAS PERFORMED		485	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? 488
121A. ACCIDENT WAS INDEPLYING	218, PLACE OF INJURY (e.g., In	or about 21C, WHERE DID	(If In Rollings	City, give exoci lacotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	homa, farm, lactory, streat, aff	ice bldg., INJURY OCCUR?	he ut pomutoto	only Aine exect (dcolldu)
21D.TIME (Manth) (Day) (Year) (Hour)	The second second			
Of Macki	21E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Work Not While At Work			
22. I certify that (f) (this haspital) attend	ed the deceased from	Jan. 11 1	970 to 7-6	6.9 1970
that (1) (we) last sow the deceased office				
	,	ond tha	t ju (my) (our) oblui	an death accurred an the d
and hour and from the causes stated abov	e. (I) (We) (dld) (dld nat) vl	ew the bady after death.		
(10 11	0/1			238, DATE SIGNED
shao-Huang 1	July DEGREE Phys.	ding Med. Sirector	taff thys.	Feb. 9 197
NAME (Type) SHAO HUANG		SINAT	1.00	1001/
	DEGREE	02111112		ę
A. BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CREA	MATORY 24D. LO	CATION (City,	lawn, ar cauntyl (State)
BURIAL 2-11-70	AITZ CHAIM	BALT	IMORE, MARYL	AND
A DATE REC'D BY HEALTH DEPT. 258 NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
TO TO 1910 NOGER E. JERE	ARB U U	SOL LEVINSON &	BROS.,6010	REISTERSTOWN ROA
150-REV. 1/1/68				

address is 5731 Semmonde ave. Galled Rospital for information.

11/20	BALTIMORE CITY	HEALTH DEPARTMENT		120 4 60
BIRTH NO. 70 174	48 CERTIFICA	TE OF DEATH	REG. NO	70 1748
1. NAME OF DECEASED	10	0. 0.,		
(Type or Print) SOHN HARRE			AND HOUR OF DEAT	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PA	RONOUNCED DEAD	14. USUAL RESIDENCE (W	here deceased lived II	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	A. STATE B. CO.	UNIT	1803
1 11		Ballingie	D. 11V	
3 donwerout of of Manyland	Hospital (E. STREET AND NUMBER		YES NO
30		804 Hallins		
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	WED DIVORCED	10/4/15	lost birthdoy)	Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or fo	preign country!	12. CITIZEN OF WHAT COUNTRY
done during must of working life, even it refired)	map _n	7		USA
13. FATHER'S NAME	p	14. MOTHER'S MAIDEN N	AME	
alfred Ha	rris	Sarat	2 Qual	14
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of serv	I 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	219-05-9176	Chart		
18. 5 7 7 0	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Humanlanie !	Shorle	3 hrs.
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc injury or camplication which caused death.)	e.g., Base,	A CONSEQUENCE OF:	***************************************	***************************************
ANTECEDENT CAUSES	P	: No C	(34-1	hou t
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF	ELENTIUS	48hrs.
underlying condition last.				
11				***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG NAL	Rive		72hrs.
DISEASE OR CONDITION GIVEN IN PART 1 [A].		11		
WAS PERFORMED	OK WHICH OPERATION	20A-AUTOPSY? (Yes or	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in home, form, factory, street, of els.)	or about 21 C. WHERE DID injury occur?	(If In Boltime	ore City, give exact location)
OF INJURY (Month) (Day) (Year (Houd	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At At Wark	0		
22. I certify that (I) (this hospital) attend	ed the deceased from 9	February	19 10 to 11 F	Weren 10 MD
that (1) (we) last saw the deceased alive	on 11 February			Inlon death occurred on the date
and hour and from the causes stated abov	e. (1) (We) (did) (did nat) v	lew the body after death		
23A. SIGNATURE				23B, DATE SIGNED
Mark M. Opplefeld,	MD DEGREE Phys	ding Med.	Staff Phys.	11 Folkway, 1900
23C. PHYSICIAN'S NAME (Typel		3D. ADDRESS	-0 : 6	. 3
`	DEGREE	University .	Bruland 17	2 Hopval
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B.	C. NAME of CEMETERY OF CRE	MATORY 240	FOCATION O	ity, town, ar county) (State)
Burial 726/3/40	broutes M.	Park	Balta	une Mil
25A. DATE REC'D BY HEALTH DEPT. 7/298 NAT	A DE REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	7 0 0 0	Ch Brooks	Aleryga	le 141371. Curen S
/C 150-PEV 1/1/49				



Segue 12/8/C. x amo Dome

CREMINTION

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

1750 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE Known 100 Month Day Yeor (Type or Print) OF Estimoted Morris Austin DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3 DATE Day Hour Month Year PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 70 11:15 am. HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission) A. STATE B. COUNTY Hopkins Hospital Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED male white WIDOWED DIVORCED Baltimore NO YES 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In years last birthday) Manths, Doys, Hours, Min. 619 Forge Rd. White Marsh, 21162 10-28-1969 60 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 12. CITIZEN OF WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even il retired)

AND AND ECEASED EVER IN U.S. ARMED FORCES?

(Yes, no ar unknawn) (If yes, give war or dates al service) EVERSHIELD 17. SOCIAL SECURITY NO. IB. INFORMANT 005-12-146MRS-MORRI AUSTIN. 619 FORGE RD. APPROXIMATE INTERVAL 19 CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)IMMEDIATE CAUSE Massive pulmonary emboli LEADING TO DEATH (This does not mean the made of dying, e.g., DUETO, OR AS A GONSEQUENCE OF: complicating fracture heart foilure, asthenio, etc. It meons the disease, injury or camplication which caused death.) of leg ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes ar Na) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In ar about 22C. WHERE DID (II in Boltimore City, give exact location) home, farm, lactory, street, affice bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-801 Philadelphia Rd. factory UTING CAUSE OF DEATH. 22D. TIME (Month) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Day) OF INJURY 10:00a m. WHILE AT NOT WHILE (APPROX.) fell from ladder to floor AT WORK Autopsy XX I certify that I held an Inquiry Inspection and that on this basis, death in my apinion AccidentXX Suicide __ resulted fram: Natural causes Hamicide ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER M.D. NAME (Type) Werner U. Spitz, Deputy Chief Medical Examiner 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION. 248. DATE 24D. LOCATION (City, town, ar caunty)

GREEN MOUN

25C. FUNERAL DIRECTOR

258. NAME OF REGISTRAR

MD'

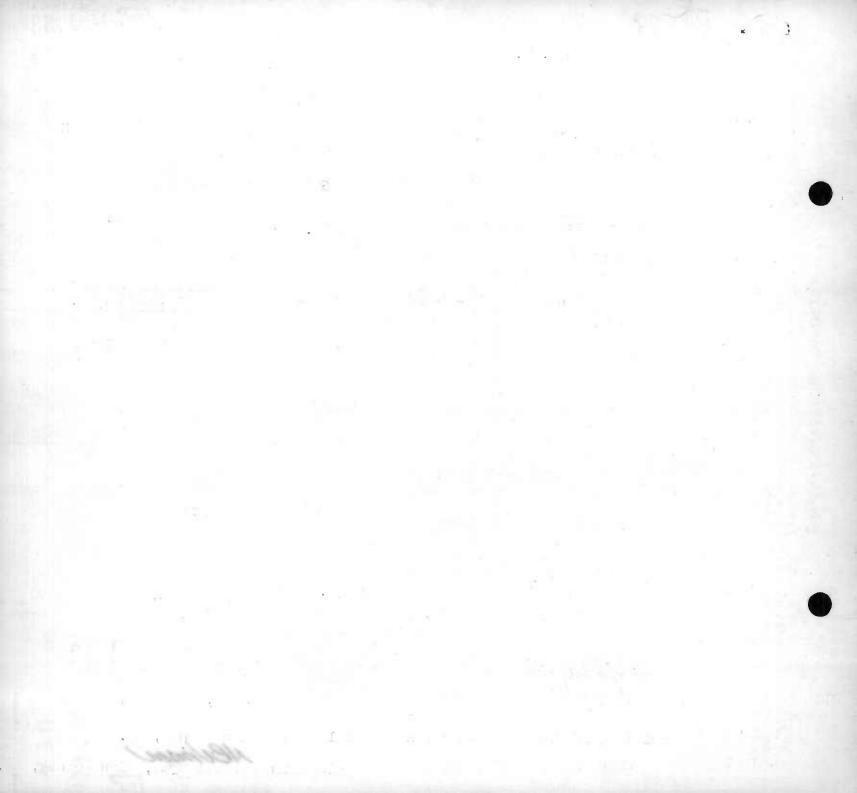
ADDRESS

Burney applied the State Redering a contract and

to the contract of the contrac 8 ELLMAN ST Pru Brei inny 3/18/26 43 HOWSENDE ON'N FINE USA 1818. USF Edward States States (common states No Nove 2 2000 States States States & ENGLAL FOR MAN CATHERING COM CARLTMANT 160 1 1 - TES - - - 7 ES -3

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

DIRECTOR:

FUNERAL

18 2 Huselitory Chat there Ballimere, mit 11:5 -No salar

Build afre we Cothedon Demotory Dollamon Mills Deller & Sigleton Frank Home Clen Bellevil

1	ino		BALTIMORE CITY	HEALTH DEPARTMENT		ישרי	11455
)-166 BIRTH NO.	70	1755	CERTIFICA	TE OF DEATH	REG. NO	70	1755
Type or Print)					HOUR OF DEATH		
Ro	se Di Berardo			Februc	ry 7, 1970		7:30 AM
3. PLACE IN BALTI	IMORE, MARYLAND, W	HERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNTY	deceosed lived. If in	stitution: reside	ence before odmission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland		21	20%
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS	5?
				Baltimore		YES X	NO 🗌
	Jan America			E. STREET AND NUMBER			
3902 E	. Pratt Street			3902 E. Pratt S	treet		
Female	White	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years st birthdoy)	If Under 1 1 Months Doy	r. If Under 24 Hrs
emare	AAIIII.G	WIDOWED	DIVORCED [8/21/92	77		
		k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY
Housewi	orking life, even if retired)	Home		Abbruzzi, Ital			U.S.A.
3. FATHER'S NAM		Home		14. MOTHER'S MAIDEN NAME			0.J.A.
				0			
Pasquale	e Di Berardo Ever in U. S. Armed For	?	1 6. SOCIAL	Giacinta 17. INFORMANT	Antonini		DRESS
es, no or unknown)	(If yes, give wor or dote	es of service)	SECURITY NO.	INFORMANT		AD	DKC33
No			213-07-4126 D	Mr. Anthony Die	Berardo		
18. // / /	9		CAUSE OF DEAT	Ĥ			PROXIMATE INTERVAL
DISEASE	OR CONDITION DE	RECTLY					
L	EADING TO DEATH		(A) IMMEDIATE CAI	ISE L'ARANARY T	HROM BO	13/9	
	t mean the mode of		DUE TO, OR AS	USE COPONARY TA CONSEQUENCE OF:	6.6		
	osthenia, etc. It means dication which caused						
A	NTECEDENT CAUSES		dn-r-		0 100		
DISEASES OF	R CONDITIONS, if	any aivina	DUE TO, OR AS	A CONSEQUENCE OF:	<u> </u>	A	
rise to the	above cause (A)	stating the					
UNDERLYING	CONDITION last.		(c)				
7				•			
	CANT CONDITIONS CO BUT NOT RELATED TO T		PERN	11CLOUS A0	IF MAIN	2	OYRS
DISEASE OR CO	NDITION GIVEN IN PAR	RT I (A).	WHICH OPERATION				
19A. DATE OF	WAS PER		WHICH OFEKATION		208. IF YES, WERE IN CERTIFYING CA	USES OF DEA	TH?
21A. ACCIDEN	T WAS UNDERLYING	7 219	PLACE OF INITION (a.a.	in or about 21 C. WHERE DID	(if in Saltier	re City, give exc	act tagation)
OR CONTRIBUT	T WAS UNDERLYING	hom		ffice bldg., INJURY OCCUR?	(ii in editimor	e city, give exc	act (acanon)
١	medical examined	etc.)					
M OF INITION	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?		
(APPROX.)		Whi	le At Not Whi	le 🗀			
22. Leartify .	that (I) (this he pla				ta	- 4- 17	<i>P</i> 19
	last saw the decease				in (my) (out) api	nian aeath a	ccurred an the dat
		ted abave. (I) (460) (did) (did not)	view the bady after death.			2015
23A. SIGNATUR	The state of the s		An	anding TO Alad To 1	-" —	23B, DATE SI	GNED
184	m Yearla	Mini	OEGREE Phy	ending Med. Sh Ph	off sys.	2 -	-9-70
23C. PHYSICIAN	rs pe)		1	23D. ADDRESS			
JOH	N COSTI	2 ~	NI MA	234 S.CONK	LING S	T A	QLTO. MA
4A. BURIAL CREM	ATION, 248. DATE	24C. NA	AME of CEMETERY OF CR	EMATORY 24D. LOC		ity, town, or co	unty) (Stote)
Burial (Sp	2/10/70)	Holy Redee	401 60	1 to h	4	
	BY HEALTH DERT				0110.	a.	ADDRESS
'P 1 6 1072	20002	200	OF REGISTRAR	25C. FUNERAL DIRECTOR		01.	ADDRESS .
P T 2 13/6	THE CANADA	Target 18	1, 0 0	1 game	10 26:	5 7 0	mucho, so
e 150 DEV/ 1/1/41	9						

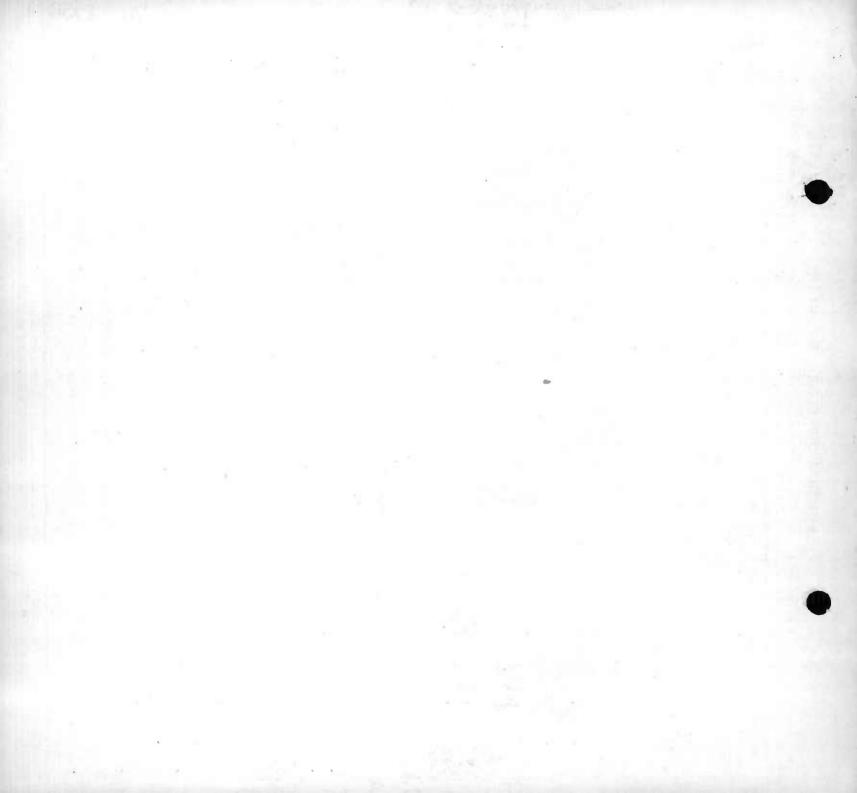
· a gradu

n = 4 (s

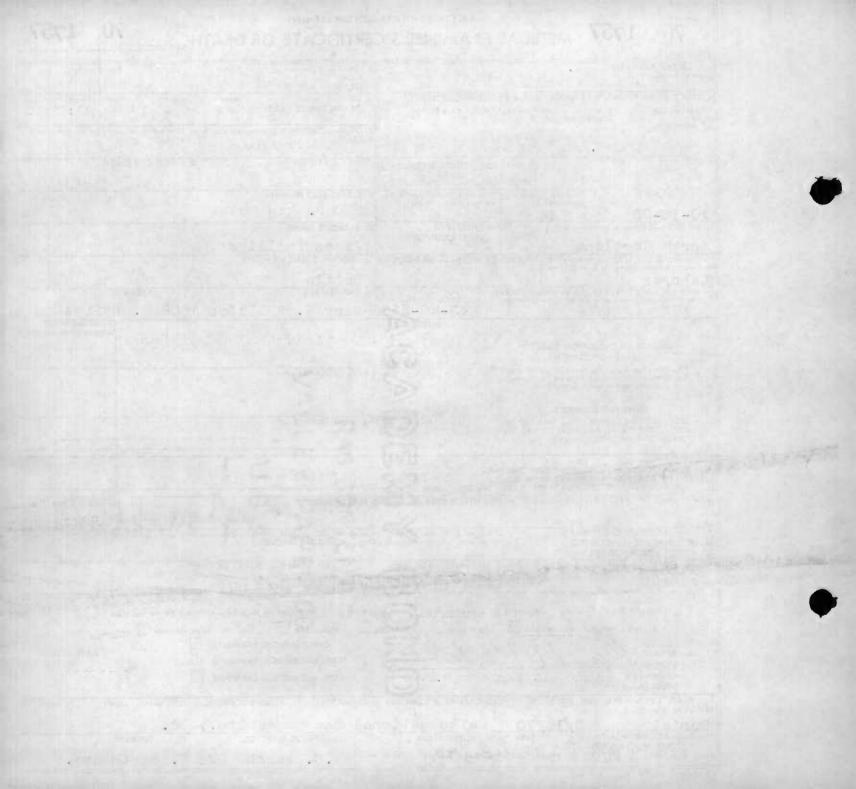
An an his had a mark had

A TOTAL CONTRACTOR OF THE SECOND CONTRACTOR OF

The second of



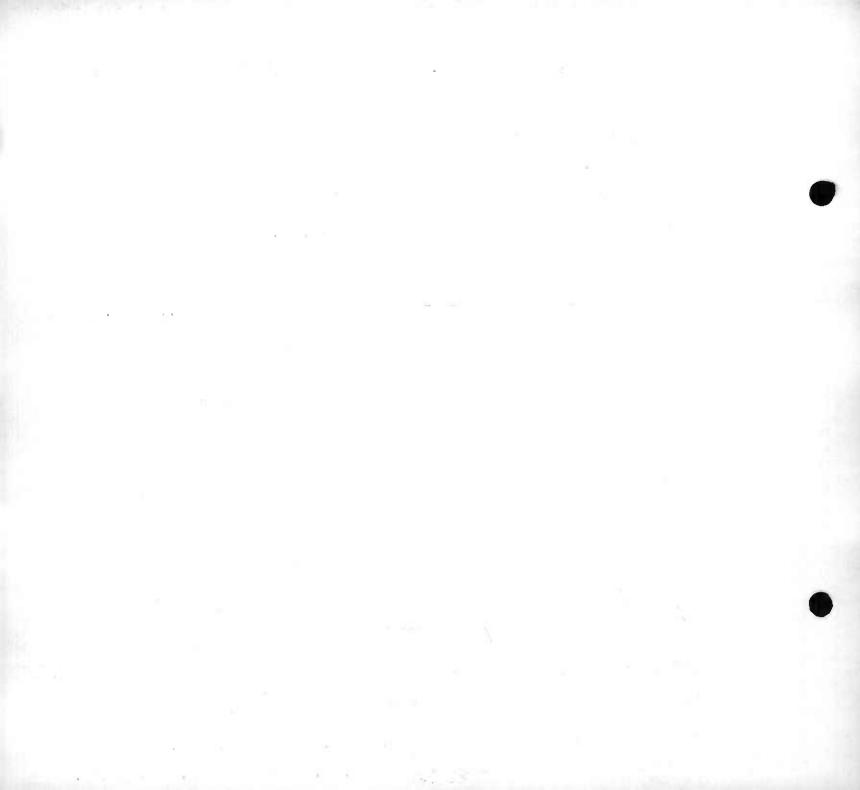
BALTIMORE CITY HE.	ALTH DEPARTMENT
70 1757. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 70 1757.
BIRTH NO.	REG. NO.
1. NAME OF DECEASED E. (Type or Print)	2. DATE Known Manth Day Year Hour
GEORGE PHILLIPS	OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD February 11,1970 11:25 A.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
1305 N. Bond Street	A. STATE Maryland B. COUNTY 807
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under Yr. Under 24 Hrs.	E. STREET AND NUMBER
10-18-25 last birthdoy) Months, Doys Hours Min.	1305 N. Bond Street
ii. Birthplace (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
North Carolina WHAT COUNTRY?	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	James Phillips
uane auring mast of warking lite, even it retired)	
Laborer	Hattie
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na grunknown) (If yes, give wor or dotes of service) SECURITY NO.	IB. INFORMANT ADDRESS
Yes WWII 243-20-3566	Mary I. Phillips 1505 E. Lafayette
19. CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic Cardiovascular Disease
LEADING TO DEATH	Alter
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	AUSE S A CONSEQUENCE OF:
injury ar complication which coused death.)	
ANIFOCO ANIFOCO ANIFOCO	
DISEASES OF CONDITIONS IF ANY CIVING	AS A CONSEQUENCE OF:
	A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	***
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Distance of Operation 208. CONDITION FOR WHICH OPERATION WA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Diabete	es Mellitus
DISEASE OR CONDITION GIVEN IN PART I (A).	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (if in Baltimore City, give exact location)
UNDERLYING OR CONTRIB-	bldg., etc.) INJURY OCCUR?
2 22D. TIME (Manth) (Doy) (Year) (Haus) 22E INILIAN OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE
23.	
I certify that I held on Inquiry Inspection X Aut	
resulted from: Natural couses X Accident Suicide	Homicide Undetermined monner
ACTUAL 1 / 11/1/ 11	CHIEF MEDICAL EXAMINER
SIGNATURE MILE M.D.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 2/11/70
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 2/16/70 Balto Nation	nal Cem Balto., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
FEB 1 3 1970 Bleef E. Jaben M.D.	
	W.C. March 928 E. North Ave.
VS 151-REV. 1/1/68	0 7 5 3



IMPORTANT

DIRECTOR:

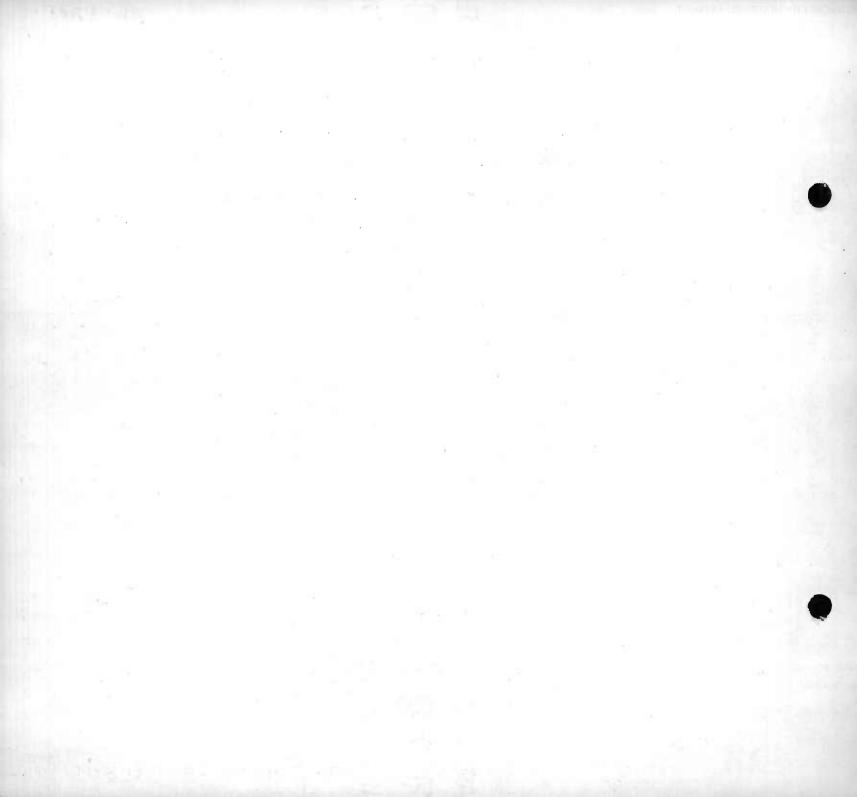
FUNERAL



2	in a hospital and grause of death grause; (5) Deceased grandance on the or to death. Such
ORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	f medical examiner or his medical examiner. Also, y burns; (3) A fracture of a physician who pronounce ian was in regular attentions are embalmed of a remains are embalmed
FUNE	be approved by the chief medical ed to the hospital by a medical at of any nature; (2) Body burns; (3) it al (except where the physician ath); and (6) No physician was ist be obtained before the remains
	This certificate must I the body was release shows: (1) An acciden was D.O.A. at a hospideceased prior to deceased prior to decease

P10 4	BALTIMORE CIT	Y HEALTH DEPARTMENT	1710 4: 50		
BIRTH NO. 70 1	.759 CERTIFICA	TE OF DEATH REG. NO.	70 1759		
1. NAME OF DECEASED		2. DATE AND HOUR OF DEA			
ZAMERSKI, Theodor 3. PLACE IN BALTIMORE MARYLAND, WHERE	e Joseph	February 12, 19	970 2:15 A ~		
STEACE IN BALLIMOKS MARILAND, WHER	FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission		
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Maryland 202			
INSTITUTION			NSIDE CITY LIMITS?		
12 Veterans Administ		Baltimore E. STREET AND NUMBER	YES X NO		
3900 Loch Raven B					
	ARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years			
	DOWED DIVORCED Y	10/11/18 last birthday) 51	Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if relired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Jorgian country)	12. CITIZEN OF WHAT COUNTRY		
Painter	err-embrohed				
3. FATHER'S NAME	signs	Baltimore, Maryland 14. MOTHER'S MAIDEN NAME	USA		
Edward Zamerski					
		Mary Czosnowski			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) III yes, give war or dates al	service) 1 6. SOCIAL SECURITY NO.	VA Hospital Records	ADDRESS		
Yes 6/8/lile - 2/17/	46 215-09-2193	3900 Loch Raven Blvd.,	Balto., Md 21218		
18.303 21 100/	CAUSE OF DEAT	H	APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTI LEADING TO DEATH			BETWEEN ONSET AND DEATH		
(This does not mean the made of dvin	0 00	se Chronic Malnutrition	6 months		
heart failure, asthenia, etc. It means the injury or camplication which coused deat	isease.	A CONSEQUENCE OF:			
ANTECEDENT CAUSES	le#		Many		
DISEASES OR CONDITIONS, if any,	(B)	Chronic Alcoholism A CONSEQUENCE OF:	Years		
rise to the obove cause (A) statis	giving DOE TO, OK AS	A CONSEQUENCE OF:			
UNDERLYING CONDITION last.	(c)				
Z J	Pulmonary	Tuberculosis, far-advance	ed.		
OTHER SIGNIFICANT CONDITIONS CONTRIB	WING bileteral	. cavitary, cultures pendi			
DISEASE OR CONDITION GIVEN IN PART 1 (A	1				
O UITER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME	ED	NO 208 IF YES WEI	CAUSES OF DEATH?		
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (II in Ballin	nore City, give exoct location)		
DEATH (notily medical examiner)	hame, larm, lactory, street, of	ice bidg. INJURY OCCUR?	and and are executed the		
21D-TIME (Month) (Dov) (Year) (Har	18 21E INJURY OCCURRED	215. HOW DID INJURY OCCUR?			
OF INJURY (APPROX.)	White At Not While				
22 1 11 11 11 11 11 11 11	Work Al Work				
22. I certify that ()) (this hospital) atte	nded the deceased from	February 5th 19 70 to F	ebruary 12th 19 70		
rnat (I) (we) lost sow the deceased off	ve on <u>Feburary 12t</u>	h 19 70 and that In (my) (aur) o	pinion death occurred an the dote		
and hour and from the couses stated of	ove. () (We) (did) (girl hot) vi	ew the body ofter deoth.			
23A. SIGNATURE			23 B, DATE SIGNED		
12 mar & Moode &	Tenh Medice Phys	Med. Staff Phys. O	February 12, 1970		
23C. PHYSICIAN'S NAME (Type)	7 2	30. ADDRESS 3900 Loch Raven B	ouloward		
Stuget Verson 6	Som siburary				
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	Baltimore, Maryla MATORY 240. LOCATION (City, lawn, or county) (State)		
Burial 2/16/70	Holy Rosary	Baltimore,	Maryland		
SA. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		
FEB 1 3 1970 Robert	E Jabey MA	M. G. SADOWSKI & SONS,	1808 EASTERN AVE		
'S 150-REV. 1/1/6B					

A Sund was to the hit has be



IMPORTANT

DIRECTOR:

FUNERAL



FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

NO 😿

Hours

U.S.A.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

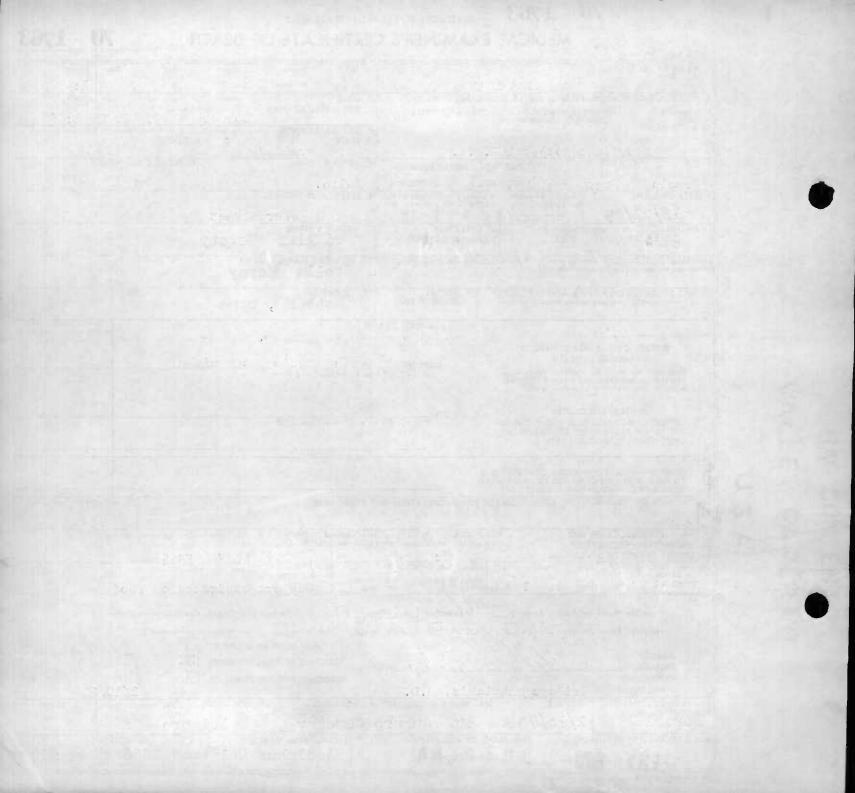
Md.

York Rd.

ADDRESS

If Under 24 His.

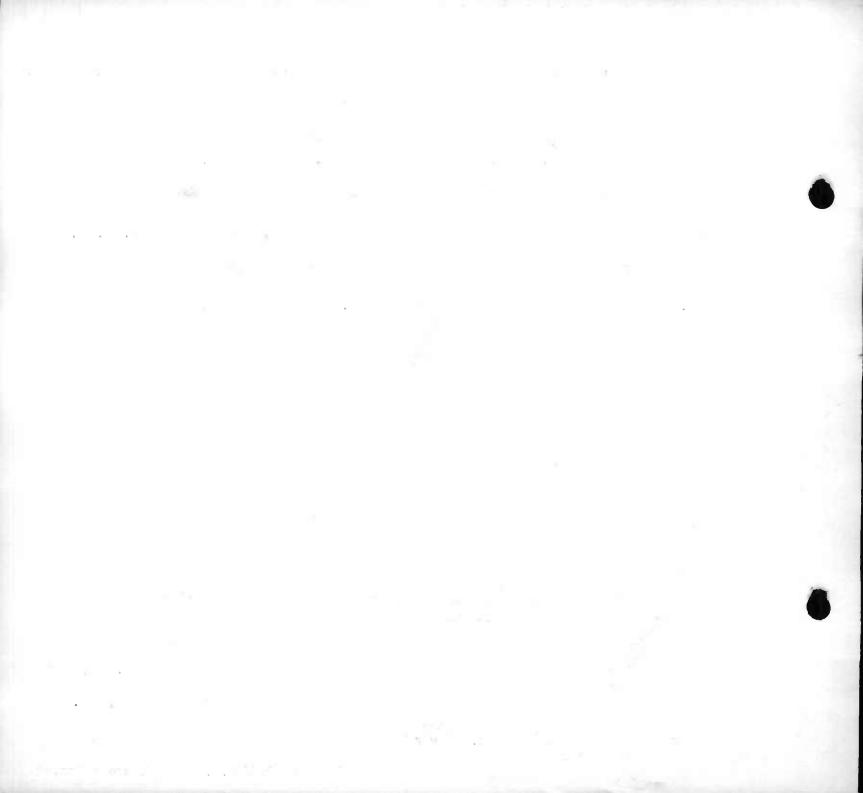




150-REV. 1/1/68



P-360.	70	L765		TE OF DEATH		70 1765
BIRTH NO.			CERTIFICA	TE OF DEATH	1	
(Type or Print)	EASED			2, DATE	AND HOUR OF DEATH	
Pe	ters, Mildred			2-1	1-70	6:15 P.A
3. PLACE IN BALT	IMORE, MARYLAND, WH	ERE PRONOUI	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCATI	OR INSTITUT	MON, GIVE STREET	Maryland C. CITY OR TOWN		DE CITY LIMITS?
20	Provident H	ospita	1		D. INSI	
27	1514 Diviso	n Stre	et	Baltimore E. STREET AND NUMBE	R	YES NO NO
-	Baltimore,	Maryla	hd 21217	1346 N. Fren		
5. SEX			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	I II II-d-a 1 Va
Female	Negro	WIDOWED	DIVORCED	8-28-1901	lost birthday) 68	If Under 1 Yr. Il Under 24 Hrs Months Days Hours Min.
10A, USUAL OCCU	PATION (Give kind of work 10 vorking life, even if retired)	B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	loreign country)	12. CITIZEN OF WHAT COUNTRY
HouseWi				Balto	, Maryland	II C A
13. FATHER'S NAM				14. MOTHER'S MAIDEN	The state of the s	U. S. A.
0	11 1					
	eorge Holmes			Irene 1	olbert	
(Yes, no or unknown)	Ever in U. S. Armed Force:	of servicel	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.				Mr. Charles	Peters-Husb	and Same
18.	1.01		CAUSE OF DEAT	1	100000	APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIREC	TTI.Y		0		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	2161		V. I.	1. On-1	6.4-
(This does no	of meon the mode of d	ying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	og corge	rven
heort foilure,	asthenio, etc. It means th plicotion which caused do	e disease,	DOE 10, OR AS	A CONSEQUENCE OF:		_
		som.J		. 1.11	man no i	
	NTECEDENT CAUSES		(B)	colores	oncelle	45
	R CONDITIONS, if an		DUE TO, OR AS	A CONSEQUENCE OF:		
	above cause (A) si	loling the				
	44		(c)			
O THER SIGNIFIC	CANT CONDITIONS CONT BUT NOT RELATED TO THE	RIBUTING				
▼ [DISEASE OR CC	INDITION GIVEN IN PART 1	(A).	***************************************			
19A-DATE OP	OPERATION 198 CONDITION WAS PERFOI	NON FOR WI	HICH OPERATION	Table 1577	No) 208, IF YES, WERE I	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDEN	T WAS UNDERLYING THE	21 B, P	LACE OF INJURY (e.g., i	n or about 21C. WHERE DIE	(If In Baltimore	e City, give exect lacotion)
DEATH Inotify	medical examined	etc.)	larm, loctory, street, of	fice bldg., INJURY OCCUR	?	
21D. TIME OF INJURY	(Month) (Day) (Yearl (Hour 21E I	NJURY OCCURRED	215, HOW DID	INJURY OCCUR?	
21D. TIME OF INJURY (APPROX)		While			Miloki Goodki	
		Work	At Work	<u> </u>		744
22. I certify t	that (1) (this hospital) o	ttended the	deceased fram)-/0		-7019
					that in (mv) (aur) ani	nian death accurred on the dot
	from the causes stated				•	
23A. SIGNATUR		000168 (1)	(ne) (aia) (aia nai) v	tew the body differ ded	ine	23B, DATE SIGNED
/)1		Atte	nding Med.	Shift I	
1	Jando		DEGREE Phys	. L. Director L.	Staff Phys.	Feb. 12, 1970
23 C. PHYSICIAN NAME (Ty	re)			1514 Diviso	n Street Bal	timore Md
AA BURIAL CAEL	AATION, 24B, DATE	10.4C 11.C.1	DEGREE			
REMOVAL (S	pocify)	240. NAN	AUDUTH CEMETERY OF CRE	MAIORT 24D	LOCATION (Cit	y, town, or county! (Stote)
Burial	2-14-70		. KXXXXXX Ce		Baltimore,	Maryland
25A. DATE REC'D	BY HEALTH DEPT. 25	R NAME OF		25C. FUNERAL DIREC	OR	ADDRESS
FEB 19	1970 22.48	Jaber.	RADO G IN	MORTON & D'	YETT F.H. 170	1 Laurens Street
/C 150 PEV 1/1/4		-			4	



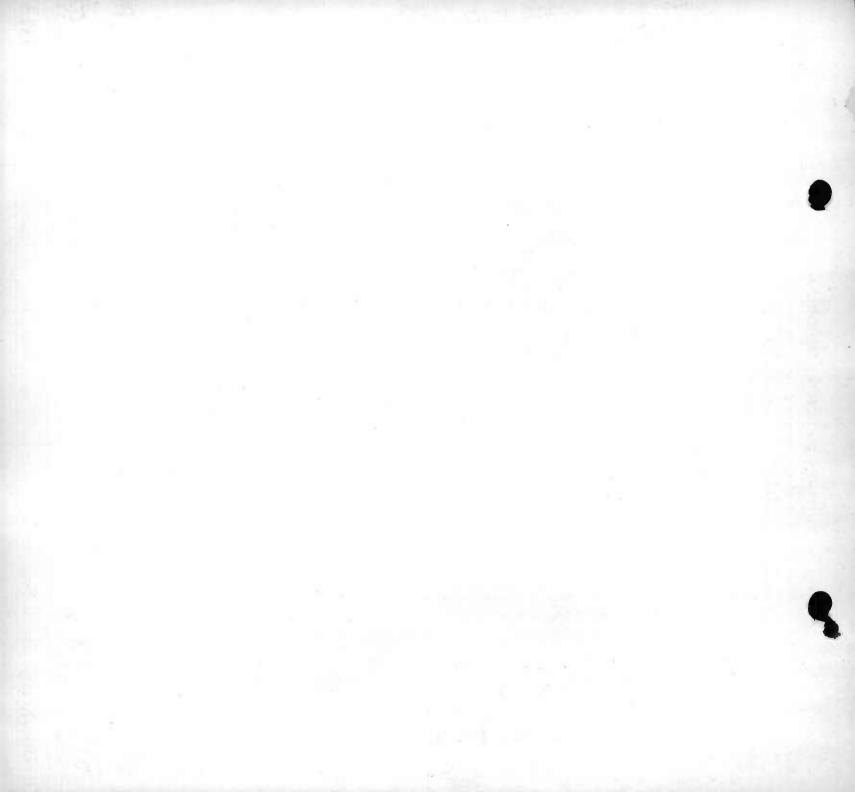
IMPORTANT DIRECTOR: FUNERAL BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before A, STATE

B. COUNTY D. INSIDE CITY LIMITS' YES 🗡 NO If Under 1 Yr. II Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exoct location) ond that In (صر) (our) opinion death occurred on the date 23B, DATE SIGNED ADDRESS

I A W. Land Control May and will have been the

150-REV. 1/1/68

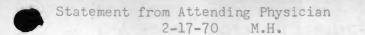
BALTIMORE CITY HEALTH DEPARTMENT



1	4-53	6		768 ICAI		BALTIMORE CITY HE				DFAT	Н	7	0	1768
BII	RTH NO.										REG. NO	D		1700
	I. NAME OF DECEASED (Type or Print) ZULA MAE ANDERSON						2. DATE OF DEATH		rn 🔯	Month Febru	pay lary 11	Ye.		
4.	PLACE IN BA	LTIMORE, MA	RYLAND, Y	VHERE PI	RONO	UNCED DEAD	3. DATE			Month	Doy	Ye		M.
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						PRONOL			Febru	ary 11	, 197	0 9	:40 P.M.
							A. STATE			deceased li	ved. Il instituti		nce before	odmission)
(7 E. Montgomery							Mary	land			d	120	01
6.	SEX	7. RACE		B. MARE	RIED	NEVER MARRIED	C. CITY OR	TOWN			D. INSIDE	CITY LIMI	TS?	
	Female	Neg	ro	WIDOV	NED K	DIVORCED .		Balt	imore			YES 🗌	NO [
9. 1	9-23-0		10.AGE (In	yeors y)		ler I Yr. If Under 24 Hrs. s Days Hours Min.	E. STREET A							
			60						Montg	gomery				
	Vorth				W	TIZEN OF	13. FATHER		oore					
144	USUAL OCCL	IPATION (GIV	e kind of work	148. KINIT		USINESS OR INDUSTRY				E				
don	during most of	working life, ev	en Il retired)		0, 5	33114233 OK 1142031K	1		Moore					
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	5?	7. SOCIAL	18. INFORA	TAAN				ADDRESS	3	
(1 e	no or unknown	(It yes, give w	vor or doles	of service)	SECURITY NO.	Frank	C	ander	eson	4037	Bowr	nan A	WA.
	19.	m - J				CAUSE OF DEA					2001	20111		AATE INTERVAL
	4/8	2 4 htt				Arteriosc				1				NSET AND DEATH
		E OR COND		CTLY		Arterrosc	Teroric	car	ulovas	scular	diseas	se		
М		LEADING TO				(A)IMMEDIATE C	AUSE							
	heart failure	not mean the c, asthenio, etc. mplication which	. It meons the	diseose,		DUE TO, OR	S A CONSEQ	UENCE C	OF:					
	Injury or cor	mplication which	ch caused de d	oth.)										
		NTECEDENT		CIVING		(B)	AS A CONSEC	DUENCE	O.F.					
	RISE TO TH	OR CONDITION	USE (A) STAT	ING THE		DOL 10, 0 K	MO A CO110EC	AOEINCE	OF:					
Z	ONDERLYII	NG CONDITI	ON LAST.			(c)								
임			11											
CERTIFICATION	TO THE DE	NIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL	m							**********	***************************************
ERT	20A. DATE OF	F OPERATION	1 20B. CON	NOITION	FOR W	HICH OPERATION WA	S PERFORM	ED				21. A	UTOPSY?	(Yes or No)
Ō	2												V	es
	22A. EXTER	NAL CAUSE	WAS		228. PL	ACE OF INIURY(e.g.	in or about 2	2C WHE	ERE DID (f in Baltima	ra Citu, abra a	vact laceti		<u> </u>
읝	UNDERLYING	OR CONT	TRIB.		home,	ACE OF INJURY (e.g., form, factory, street, office	bldg., etc.) it	VIURY C	CCUR?	1 111 001111110	e City, give c	XOCI IOCOIN	J.,	
MEDI	UTING CA			\ (!!	1 1225	INTHAY OCCURRED	2	25 1101	V D ID 1011	UDV 0.66	100			
	OF INJURY	(monin) (D	ay) (Yeor) (Hou		LINJURY OCCURRED NOT	WHILE C	ZF. HOV	ונאו סום א	URY OCC) K3			
Н	(APPROX.)				m. WC	ORK AT W	ORK .							
	23.	ify that I he	eld on l	nquiry [7	Inspection Au			haa 161	a basta	death in m			
													n	
	resui	ted fram: N	atural cau	ses IA	Acc	Ident Sulcid		micide			ned manner			
н	ACTUAL	(1/)	1/2		1	1		CHIEF M	EDICAL EX	CAMINER			DATE	SIGNED
	SIGNAT		ws.	7,0	X	Tale M.D	ASSIS	M THAT	EDICAL EX	AMINER	K		DAIL	SIGINED
	EXAMIN	ER'S	L 1	C 0	/	-		CIATE M	EDICAL EX	AMINER			10	1070
	NAME (1	77-7		5. 5		ngate, M.D.					Fet		y 12,	1970
	A. BURIAL CRE	MATION, 2	48. DATE		24C.	NAME of CEMETERY	ar CREMATO	RY	24D. L	OCATION	(City, to	vn, or cou	nty)	(Stote)
KE	MOVAL (Speci Burial		2-17-	-70		Community	Comete	rv			ro, N.			a
25	A. DATE REC'D													
- F	3 1 9 197		\$ 23			F REGISTRAR			S A.			ADDRESS W e	Barre	St.
VS	151-REV. 1/1/68	R			-179.00	0-0								
. 3			3				0	6	4 3					V

7 CONTRACTOR OF THE CONTRACTOR O

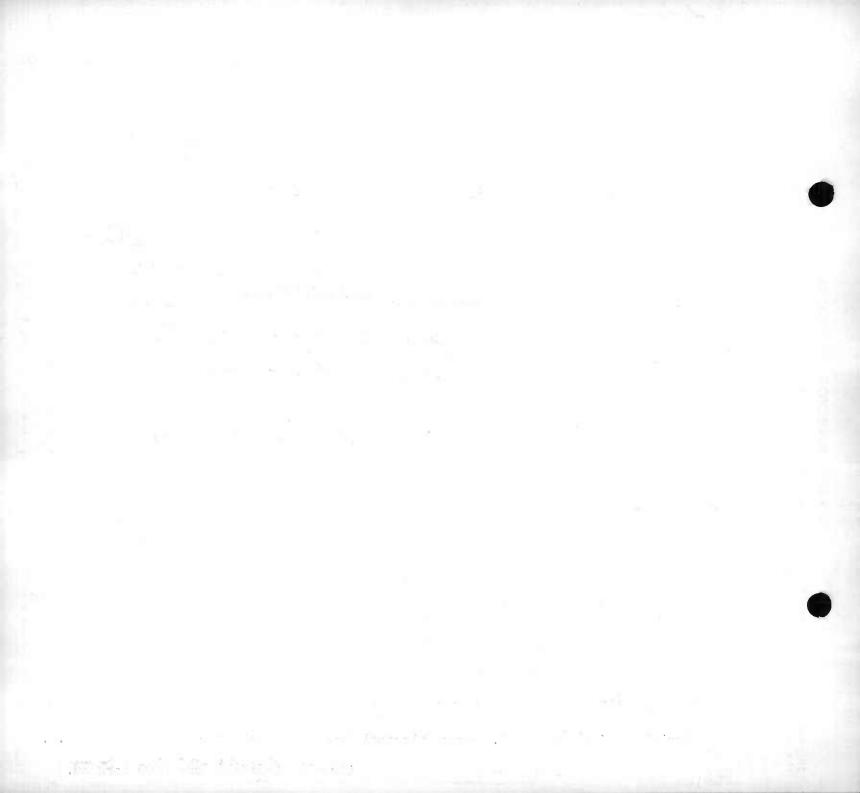
Mac	-1 70 1	miCO.	BALTIMORE CITY	HEALTH DEPARTMENT		78 1589
SIRTH NO.	0 10 1	100	CERTIFICA	TE OF DEATH	REG. NO	1700
Type or Print)				2. DATE	AND HOUR OF DEATH	About -
Type of Fillin	Thomas F.	McKe	nna		. 9, 1970	1 A.,
3. PLACE IN BA	LTIMORE, MARYLAND, WHI	ERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W A. STATE B. CO Mary land		nstitution: residence before admission
FULL NAME OF	(IF NOT IN HOSPITAL ADDRESS OR LOCATI	OR INSTITU	TION, GIVE STREET			2551
NSTITUTION				C. CITY OR TOWN Baltimore		SIDE CITY LIMITS?
00	'702 Dorchest	er Rd.		E. STREET AND NUMBER		YES X NO
				702 Dorche		21229
SEX	6. RACE 7.	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
Ma le	White	WIDOWED		9-22-06	lost birthday)	Months Doys Hours Min.
	CUPATION (Give kind of work 10			11. BIRTHPLACE (State of f		12. CITIZEN OF WHAT COUNTE
one during most o	working life, even if retired)	elf Emp	loved	Baltimore, M	d	USA
FATHER'S NA		CIT DILL	Toyeu	14. MOTHER'S MAIDEN N		0023
WINIER 3 NA	John KcKe	n na				
	The second second				rey	
es, no or unknow	d Ever in U. S. Armed Force: n) (If yes, give wor or dotes	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			214-01-2516	Patricia M. M	cKenna-702 Do	orchester Rd-21229
18.	N. CH.		CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEA	SE OR CONDITION DIREC	CTLY		(D) n	A -1-	BETWEEN ONSET AND DEA
	LEADING TO DEATH		(A)IMMEDIATE CAU	se Carchac	(live St	Seconds
	not meon the mode of d , asthenio, etc. It meons th		DUE TO, OR AS	A CONSEQUENCE OF:		
	mplication which coused de		0	Μ		
1	ANTECEDENT CAUSES		(8)	corain them	Joses	mun wos
	OR CONDITIONS, if an		DUE TO, OR AS	A CONSEQUENCE OF:		
	ne above cause (A) s G CONDITION last.	loling lhe	(c)			
	11		(0)	^		
OTHER SIGN	II IFICANT CONDITIONS CONT	RIBUTING	6 1		16.	2-2
TO THE DEA	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART 1	TERMINAL	(onong)	rion Place	5 - mim	2-3 years
19A. DATE C	F OPERATION 198. CONDI	TION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208, IF YES, WERE	FINDINGS CONSIDERED
0	WAS PERFO	KWED			IN CERTIFIING CA	AUSES OF DEATH!
. OR CONTRIE	ENT WAS UNDERLYING DEUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Soltimo	re City, give exoct locotion)
DEATH (notil	y medical examiner)	etc.)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
OF INJURY			e At Not Whit	e 🔲		
		Worl				10
	y that (1) (th is hospit al) (e deceased from	1.0	196210	19.70
that (I)	last saw the deceased	alive an	21 20	19.69 and	that in (my) (our) op	inion death accurred on the do
and hour a	nd from the causes stated	d above. (I)	(tid) (did not) v	iew the body after deat	h•	
23A. SIGNAT	URE			. /		23B. DATE SIGNED
(tames I had	i	DE GREE Phys	nding Med.	Staff Phys.	2/10/70
23C. PHYSICI			DEGREE	23D. ADDRESS		1
NAME	James J.	Nolan		1 Mallow Hill	Road	
A. BURIAL CR	EMATION, 248, DATE		ME of CEMETERY OF CRE			ity, town, or county) (State)
REMOVAL	(Specify) 2-12-70				Baltimore, M	
Burial			Cathedral			
DA. DATE REC'	D BY HEALTH DEPT.	B. HAME-O	REGISTRAR	25C. FUNERAL DIRECT		1kens Ave-21229
CD 13	210 1000 00	100	7.0 0 0	noward H. Hub	pard=410/ W1	TVEHS WAG-TITTA
'S 150-REV. 1/1	/68	-				



D-620 70 1770	BALTIMORE CITY	HEALTH DEPARTMENT	X	70 1570
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	10 17/0
I. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Type of Print Iliam F. Dorsey Sr.		2-9	9-70	N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Md.	Balto.	5300
NSTITUTION		Catonsville	D. INS	IDE CITY LIMITS?
St. Agnes Hospital		E. STREET AND NUMBER		YES NO X
40		101 Shady Nook	Ave. 212	28
M 6. RACE 7. MARRI			AGE (In years I birthdoy) 76	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. B)RTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY
	O Railroad	Maryland		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Dorsey		Margaret		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.		0/05 5	
NO	none		3405 Cent	tennial Ln. 21043
18. 410,91	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1 4		Wint.
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE FULL COMMO	mocell	nm muus
(This does not mean the mode of dying, hear) failure, as)henia, etc. It means the disea		A CONSEQUENCE OF	110	
injury at complication which caused death.)	λ	1		- 1110
ANTECEDENT CAUSES	A A	wances artem	sderosi	s years
DISEASES OR CONDITIONS, if any, give	(B)	A CONSEQUENCE OF: WILL	and one of	e ales
rise to the above cause (A) stating	the care	A CONSEQUENCE OF WITH	e. Muse	will daws.
UNDERLYING CONDITION las).	(c)Acute	VIRUS	hudert	dràil
Į II	inte	ction		ч.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		T.S.A		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A). 19.A. DATE OF OPERATION 19.B. CONDITION FOR WAS PERFORMED 21.A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(II In Baltimor	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(ii in banimo)	Sity, give exact location;
	21E. INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
OF INJURY	While At Not Whi			
(APPROX.)	Work At Work	14		T10 1
22. I certify that (1) (this haspital) attende	ed the degeosed from	Muerx 19	(O ta	106.7 1910
that (I) (we) last saw the deceased alive	tru G	19 70 and that	In (my) (aur) and	nian death accurred an the dat
			(m)/ (doi/ dpi	death deconed dir tile da
and have and from the causes stated above	e. (1) (We) (did) (did nat)	view the bady after death.		DATE CICATO
23A. SIGNATURE COM	Phy		off ys.	123B. DATE SIGNED 1970
23C.PHYSICIAN'S	DEGREE ""	23D. ADDRESS	,	
Dr. Henry Armanas		1934 Wilkens	Avo	
	DEGREE			
REMOVAL (Specify)	C. NAME of CEMETERY of CR			ity, town, or county) (State)
Burial 2-12-1970	Western Cemete	ery Ba	altimore,	Md.
SA. DATE REC'D BY HEALTH DEPT. 1298 NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FFB 1 3 1970 P. C. B E Jab	Cay The Day	H.H.H.ubbard Fu	ineral Hom	e 4107 Wilkens Av
/S 150-REV. 1/1/68	The same said	10 / 0 0		
2 100 HETT 17 17 99				

Acid visus

H-520 70 17	being #	Y HEALTH DEPARTMENT REG. NO	70 1771
1. NAME OF DECEASED (Type or Print) Augusta	II V U DES	2. DATE AND HOUR OF DEAT	н , , , , , ,
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived II	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)		Wd Ballo	ISIDE CITY LIMITS?
porth charles G	: EN 140SP	E. STREET AND NUMBER	Cant Ballo 21250
	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years lost birthdoy)	If Under 1 Yr., if Under 24 Hrs. Months! Doys ! Hours! Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	WED DIVORCED	6-1-1810 99	
done during most of working life, even if relired)	D OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1 > 15
JOEL WICKER		AUGUSTA RUSS	ELL
15. Wes Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of serv	and de milit 140.	Cignory B. Haynes	ADDRESS
No 18.	200365499 J1 CAUSE OF DEATH	30/9	4 M C
(This does not mean the mode of dying, heart failure, asthenia, etc., it means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives the course of the obove cause (A) stoling underlying condition lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	ving (B) DUE TO, OR AS, Ihe (C) NG	A CONSEQUENCE DEL	<i>S</i>
19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, off etc.)	n or obout 21 G. WHERE DID (If to Boltimo	ore City, Me exoct locotion)
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this haspital) attended		1-29 1970 00	0-3 70
that (i) (we) last saw the deceased alive	on 2-3		Inlan death accurred an the date
and haur and fram the causes stated obave	e. (1) (We) (did) (did not) vi	ew the body after death.	
23A. SIGNATURE	Atter	nding Med. Stoff M	23 B. DATE SIGNED
23G. PHYSICIAN'S NAME (Type)	DEGREE Phys.	3D. ADDRESS	6. 11-1
24A. BURIAL CREMATION, 24B. DATE 24C	DEGREE C.NAME OF CREATERY OF CREATER	MATORY 24D. LOCATION (C	ily, town, or county) (Stote)
Burial 2/6/70 S	t. Marys Episcop	al Cemetery Burlington	N.J.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAN	A D C	25C. FUNERAL DIRECTOR Mitchell Wiedefeld Home	6500 York Rd.
5 COURSE V. WAY			



4 6	18	0-120 70 1772 BALTIMORE CITY HEALTH DEPARTMENT 70 1772
2 3	35055	CERTIFICATE OF DEATH REG. NO.
3 8	Su +	(Type or Print) DAVIS, ANNE M. 2. DATE AND HOUR OF DEATH 2. 10/1976
2 2	the Do it	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; rasidence before admission) A. STATE B. COUNTY
3-	hosi use ; (5) danc	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET C.CITY OR TOWN D. INSIDE CITY LIMITS?
1	ca ca ca ca ca ca ca ca ca ca ca ca ca c	44UNION MEMORIAL HOSPITAL BALTIMORE MD- YES NO
0	ad ca priori	E. STREET AND NUMBER 702 W- Lake AVE-
7	ntribu mine mine agula ised	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 05-09-16 9. AGE (in yours birthday) 11 Under 24 Hrs. Months Doys Hours Min.
3	recon recon	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
2	deat tt or Under vas ir ne de ositio	Retired HOMEMAKER OHIO U.S.A.
2	washe bos	13. FATHER'S NAME
7 7	dir dis	ROBERT J. MORRIS Fromme, Anne
RTAI	the the deat	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) 16. SOCIAL (SECURITY NO. MRS, NANCY L. BOYDING WINDING W. D. 12 10
7 0	s as if any ced ced or	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N N	Also, Also, noun atter	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, explication of the mode of dying and
\$ 2	er. ctur pror	heart failure, asthenia, etc. It means the disease, injury or complication which caused death
3 5	fra fra	ANTECEDENT CAUSES C.H.F. Antheroschool
REC	exceexal	DISEASES OR CONDITIONS, if any, given ise to the above couse (A) stating the s
	ical tal 18; (ciar as i	UNDERLYING CONDITION lost.
ZAL	medic burr burr burr burr chysi	TO THER SIGNIFICANT CONDITIONS CONTRIBUTING LARGE Could alstructions due to 18 days of DISEASE OR CONDITION GIVEN IN PART 1 (a).
N	hief a r lody he l sici	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION RT 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by by 2) B re t phy fore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II In Boltimore City, give exoct location)
	No No	DEATH (notify modical examiner) etc.) Home 702 W- Lake AVE . BALto. MD.
	hose atu (6)	21D. TIME (Month (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? [APPROX.1 -2 2 - 70 (Plan Work) While At Work At Work Work Work Work Work Work Work Work
	he ny n	22. I certify that (1) (this hospital) attended the deceased from 1 20 - 70 19 to 2 - 10 19 76
	app to t far far (e 1);	that (1) (we) last sow the deceased alive on 12 near 2-10 19 and that in(my) (our) opinion deoth occurred on the date
	0-05	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	D D D E	23A. SIGNATURE Attending Med. Shaff X 23B. DATE SIGNED Phys. Shaff X 2 - 20
	y was rele y was rele (1) An acci).A. at a h d prior to	Attending Med. Shaff Director Phys. 2 23C. Physician's NAME (Type) 23C. Physician's NAME (Type) 23D. ADDRESS
	body was r vs: (1) An a D.O.A. at a ased prior ten approv	Manazenzadeh man Union Memorial Hockital
	L4 00 -	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town) or county) (Stole)
	This certification of the body shows: (1) was D.O. deceased written a	Burial 2/13/70 Spring Grove Cincinnati Ohio 25A. DATE REC'D BY HEALTH DEPT 125B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	This the bashow was dece	EB 13 1970 Robert E. 238 NAME OF REGISTRAR LEB 13 1970 Robert E. 250 NAME OF REGISTRAR ADDRESS Mitchell Wiedefeld Home 6500 York Ro
		VS 150-REV. 1/1/68

A three sent to the Marine of the sent the sent to the

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11/0	A ma	A 1947	BALTIMORE CITY	Y HEALTH C	EPARTMENT			70 1°	773
1V-621	0 /0 :	1773	CERTIFICA	TE OF	DEATH	REG. NO	•		
IRTH NO.			CERTITION	112 01					
NAME OF DEC					2. DATE A	ND HOUR OF DEAT	Н	,50	
NORR	15, ELSIE				8	3 Jebryar	1970	6-	P.N
PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL A. STATE	RESIDENCE (WI	ere deceased lived. If	nstitution: r	esidence before	o adnyssion)
					1	BALTIMOR		111	11
ULL NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	MARY				100	
OSPITAL OR	ADDRESS ON LOOP	.,,,,,,		C. CITY OF		D. IN	ISIDE CITY L	IMITS?	
3	AMARITAN H	AC OTTO		BAL	TIMORE		YES 🛂	NOL	
Joseph St	TWAKIIW U	05 P11A		E. STREET	AND NUMBER				
15				103	111. 391	St APTIK	7 2/2	10	
SEX	6. RACE	7. 44 4 DDIED	TAIRVED MADDIED T	B. DATE OF		9. AGE (In years	II Unde		nder 24 Hrs.
*	4.4		NEVER MARRIED			lost birthdoy)	Months		
-	W	WIDOWED	DIVORCED	MAY 2	10,1889	80			
	UPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPI	ACE (State or for	reign country)	12. CIT	ZEN OF WHA	T COUNTRY
	working life, even il retired)								
Homema		***			folk, V			JBA	
FATHER'S NA	ME			14. MOTH	R'S MAIDEN NA	AME			
was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORM				ADDRESS	
no		-	2/9//1/08	Mrs.	Doroth	y O'Malley	v=103	W. 391	th
	17		CAUSE OF DEAT			,		APPROXIMATI	
18.5	X		CAUSE OF DEAT			,	,	BETWEEN ONSE	
DISEA	SE OR CONDITION DI	RECTLY				. /	1.0	,	0
	LEADING TO DEATH		(A)IMMEDIATE CA	USE In	eumon	in prono	nal	1 wa	28
	nal maon the made at		DUE TO, OR AS	A CONSEQU	ENCE OF:				
	aslhenia, elc. II means aplication which caused			۸					
1 ' '	ANTECEDENT CAUSES		PI	//	=/		44.	7	
	AMIECEDENI CAOSES		(B) [W	moder	y seon	ses 20	vere	Jule	ars
	OR CONDITIONS, if		(B) DUE TO, OR AS	A CONSEQ	NCÉ OF:	1		0	1
	e abave cause (A)	sloling lhe		· so-ti	HON	+ Fretun	0	2100	ks,
UNDERCTIN	G CONDITION last.		(c)	Jusus.	2 12000	1700000	<u> </u>	awa	2
	II.		44	0	1	1 1		10	
	FICANT CONDITIONS CO		Me	ARRIAL.	m / /	hunting.		OUN	
	TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR		1.11	MENERY	M HA	Journa 1		ara	
19A. DATE OF	F OPERATION 198 CON	DITION FOR	WHICH OPERATION	20 A. AU	TOPSY? (Yes or h	16) 20B. IF YES, WER	E FINDINGS	CONSIDERED	
0	WAS PER	FORMED			No	IN CERTIFYING C	AUSES OF	DEATH?	
21A ACCIDE	NT WAS UNDERLYING	7 J21R	PLACE OF INJURY (e.g.,	in or about 21	C WHERE DID	(16 in Rollin	ara Citu air	vo avent lesette	-1
OR CONTRIB	UTING CAUSE OF	horr	ne, form, loctory, street, o	olfice bldg., In	JURY OCCUR?	(IT IN BOITIN	iore City, giv	ve exoct lacation	n)
DEATH (notily	medical examiner	etc.)						
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21	F. HOW DID IN	LIURY OCCUR?			
Of HAJOKI			ile At C Not Whi						
(APPROX.)		Wo					1		
22	that (V) (this haspital	l) attended t	ha danaged from	(lamin	27	19 70 to Fe	housh	12-8	1070
				Jun 15 Mest	1170		a read of	· · · · · · · · · · · · · · · · · · ·	. 17
that (I) (we)	last saw the decease	ed alive an	February 8	19	0.1.0 and 1	hat in (my) (ser) a	pinian dea	th accurred	an the dat
and haur an	d from the causes stat	ted abave. ((We) (did) (did nat)	view the bo	dv after death				
23A. SIGNATU							23R. DA	TE SIGNED	
1		111	Δ++	ending	Med.	Shaff D	-	n	0 10 0
1 7.	4. Querkour	101.	DE GREE Phy		Director L	Phys.	101	zzuNs.	8 197
23C. PHYSICIA	KINS	1	- Control	23D. ADDRE	SS		1	Y	
NAME ()	/pei							0	
			DEGREE					1 1 1 1 1	
A. BURIAL CRE	MATION, 24B. DATE	24C. N.	AME of CEMETERY of CR		24D.	LOCATION	City, town,	or county)	(Stote)
REMOVAL (
Buri	2/11	170 P	arkwood Cen	eterv		Balto.			
A DATE RECE	AN HEACTH DEPT.	ZSB. NAME	REGISTRAR	25C. 10	chell-W	ledefeld	Homen	6500 W	ork
CD T 2 K	310	64	0000	1	7.6			6500 Y	g.,
0 2 50 0514 141	// D	1 3 6	W W		9.1				

1981

Aprilal 2/11/70 Parkonal carrers wilcontil and consultation and consultation of the co

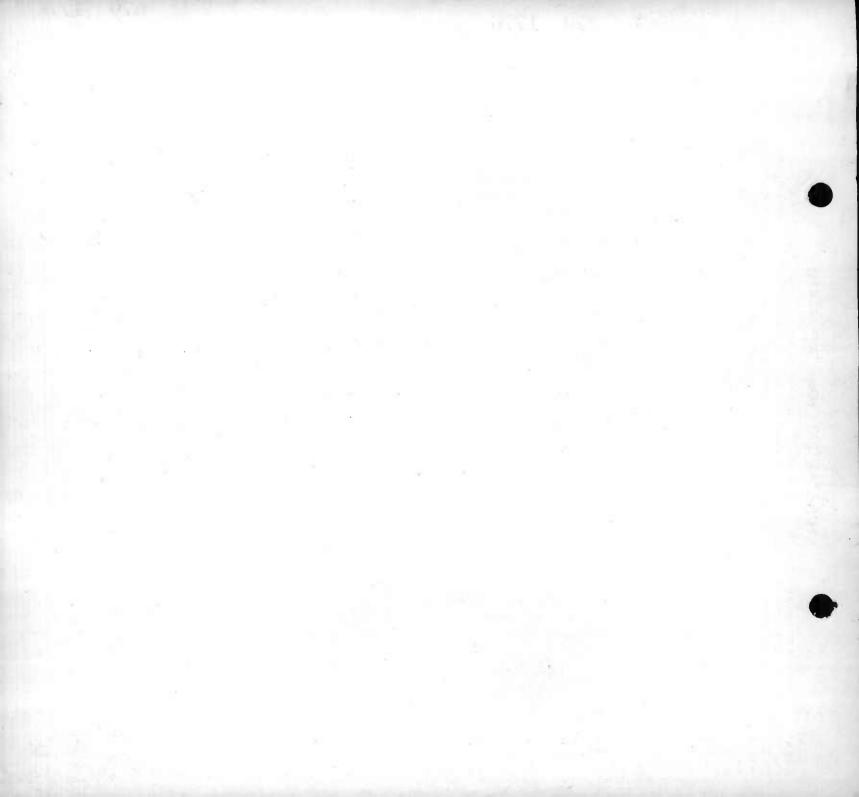
1	70-300 70 1774	BALTIMORE CITY	HEALTH DEPARTMENT		70	1774
PIE		CERTIFICA	TE OF DEATH	REG. NO	70	1//4
The second	TH NO. AME OF DECEASED	Α.		ND HOUR OF DEATH		
(Typ	e or Print SERALA J.	MUTH	2	1/2/70		16.12 1
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WH	ere deceosed lived. If ins	titution; resid	dence before admission
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	A. STATE D. B. COUL	NTY	~	27/2.
INS	mitytion //		C. CITY OR TOWN	D. INSI	DE CITY LIMI	DZS.
1 (I NIUN MEMORIAL HOS	(A)	1842/0		YES V	№ □
4	4		201 CHURC	H WARDEN	15	ép
5. S	6. ROGE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1	Yr. Il Under 24 Hrs. oys Hours Min.
	WIDOWED	DIVORCED	3/16/98	11		
	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	eign countryl	12. CITIZEN	OF WHAT COUNTRY
6	XECUT (ATTY.) F.H.A.	= GOV'T.	MD		103	SA
13. 1	ATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	JOHN C. MUTH		JULIA E.	SMITH		
15. V (Yes	Vos Deceosed Ever in U. S. Armed Forces? no grunknown) (II yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
	No	216-14-1334	MARY LEE C	· MOTH	5/	IME_
	1B. 410,9 1	CAUSE OF DEATH	1			APPROXIMATE INTERVAL WEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		A. L M.	1. 1. 6	1	WEEN ONSE! AND DEATH
	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	JE /	cardial th	Tarep	IWR
	hearl foilure, osthenia, etc. It means the disease, injury ar complication which caused doubt.)	DUE TO, OR AS A	CONSEQUENCE OF:			
	ANTECEDENT CAUSES	Av to	ios clu atic Ste	and ()		
	DISEASES OR CONDITIONS, il ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	O TE	vsi	
	rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(c)				
	ll l					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				ļ	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	10.4.1			
ERTIFIC	9A. DATE OF OPERATION 198. CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20 A. AUTORSYZ (Yes or No	IN CERTIFYING CAU	NDINGS CO SES OP DE	NSIDERED
U	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF home, f	CE OF INJURY (e.g., in	or about 21 C. WHERE DID	(II In Baltimare	City, give or	xocl locotion)
V	DEATH (notify medical examines)	am, tociory, street, att	ice bldg., INJURY OCCUR?			
100 1	OF INJURY	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
Z	(APPROX.) While A	At Work				0
	22. I certify that (1) (this hospital) attended the c	leceased from	2/4	19 /6 to 2	1/2	19/0
	that (I) (we) last saw the deceased alive an	2/12	19 70 and th	at in (my) (our) opini	on deoth c	occurred on the date
	ond have and from the courses stated obave. (1) (4	fe) (did) (d id not) vi		•		
	ZA. SGNATURE				23B. DATE S	IGNED
	Muli de lo	DEGREE Phys.	ding Med.	Staff Phys.	2/1	1/20
	NAME LIDER DIA DA		3D ADDRESS		11 2	
244	SUBIAL CREMANION SUB	DEGREE	uuin me	merial 1	(Jan)	
17	KEMOVAL (Specify)	of CEMETERY of CREA			, town, or co	ounty) (Stote)
_		Cathedral		ltimore		Md.
F	EB 13 1970 Best E Jaber M.		25C. FUNERAL DIRECTOR		D.	ADDRESS Md
VS 1	50-REV. 1/1/68		How Jenkin	a cons C	J., D	arto., Fid.

Comment of the second s Marker Land Com Man on the

BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 70 1775
(Type or Print) Eleanor Patterson Russ	ell 2. DATE AND HOUR OF DEATH Feb. 13, 1970
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Longgreen Nursing Home	A. STATE B. COUNTY Maryland C.CITY OR TOWN Baltimore E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	4 Upland Road 8. OATE OF BIRTH 9. AGE (In years If Under 1 Yt., If Under 24 Hrs.
WIDOWED DIVORCED	8-21-1888 lost birthdox Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Homemaker Own Home 13. FATHER'S NAME Andrew Patterson	Wheeling W. Va. U. S. A. 14. MOTHER'S MAIDEN NAME Dorothy Hollingsworth
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) NO	Mrs. W. D. Buttner 413 Hawthorne Rd.
DISEASES OR CONDITIONS, if ony, giving is a lo the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED	SA CONSEQUENCE OF: De philates 20A. Autopsy? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, or etc.] 21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?
DEGREE Phy	anding Med. Shelf C
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CRI	
Burial 2-16-70 Greenmount C 25A, DATE REC'D BY HEALTH DEPT. E 255 NAME OF REGISTRAR FEB 13 9/0	Demetery Baltimore, Md. 25C. FUNERAL DIRECTOR ADDRESS H. Washins & Sons Co., Md. 21212
VS 150-REV. 1/1/68	

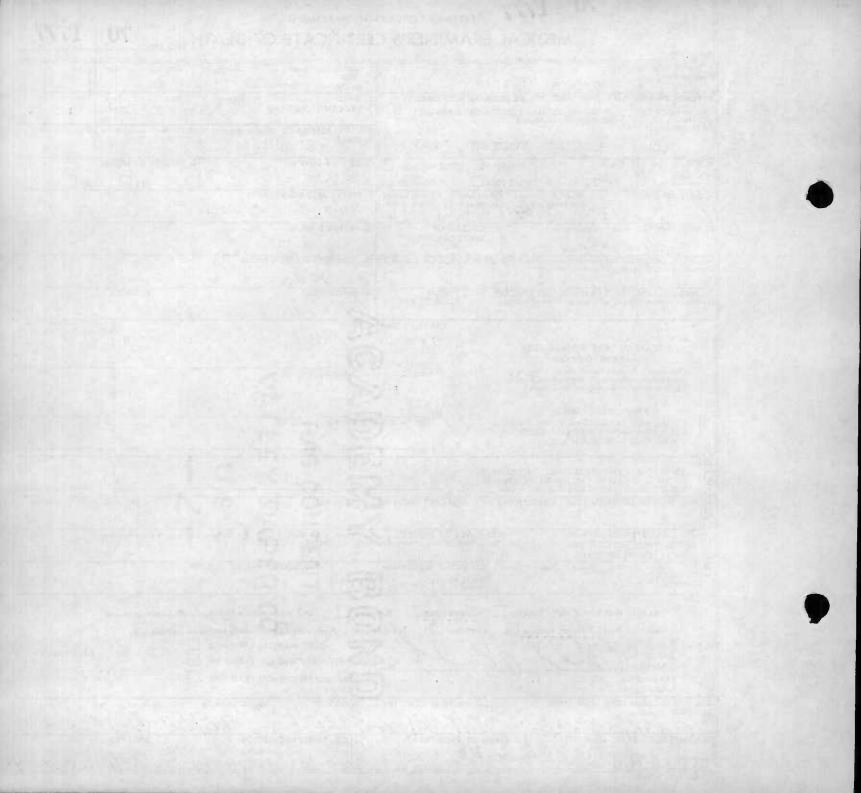
The second of th

VS 150-REV. 1/1/68



70 1 17/17/1-5

111-~10-1	EALTH DEPARTMENT
BIRTH NC.	CERTIFICATE OF DEATH REG. NO. 70 1777
I. NAME OF DECEASED	
(Type or Print)	OF THE STATE OF TH
THEODORE NEWKIRK 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted
	William Doy 1807
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	reductly 10,1970 19.33 F.
	S. USUAL RESIDENCE (Where deceosed lived, if Institution: residence before admission) A. STATE Monay 1 and B. COUNTY
CHURCH HOME AND HOSPITAL (DOA)	Maryland S. COUNTY 1002
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore VECT NOT
9. DATE OF SIPTH 110 AGE (In years Williams Ve 15 II-des 24 Mer	E, STREET AND NUMBER
A/01/7 1905 lost birthdoy) Manths Doys Hours Min.	709 N. Central Avenue
11. BIRTHPL ACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
(A. H. A. A. L. WHAT COUNTRY?	13. FAIRER 3 NAME
- TOWN (INSOLING 05B	
done during most of working life, even if reflect)	Y 15. MOTHER'S MAIDEN NAME
MABORER	NANEY -
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (if yes, give wor or doles af service) SECURITY NO.	18. INFORMANT , ADDRESS
O///	MATTIE NEWLY, OU THURS DENTIFOLD
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
Arterio	sclerotic Cardiovascular Disease
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	STEEL
(A)IMMEDIATE (CAUSE
heart foilure, osthenia, etc. it meons the disease, injury or camplication which caused death.)	AS A CONSEQUENCE OF:
injury of compression which coused deom.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
	in or about 22C. WHERE DID (If in Baltimore City, give exact location)
WING □ CAUSE OF DEATH	e bldg., etc.) INJURY OCCUR?
220. TIME (Manth) (Doy) (Year) (Hour) 122E-INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE
23, m. WORK AT W	ORK
l certify that I held on Inquiry Inspection X Au	
resulted from: Natural causes 🗵 Accident 🗌 Suicid	le L Homicide L Undetermined manner
ACTUAL A LA	CHIEF MEDICAL EXAMINER
SIGNATURE MAD I KNOW M.D	ASSISTANT MEDICAL EXAMINER X DATE SIGNED
EXAMINER'S Ronald N. Kornblum.M.D.	ASSOCIATE MEDICAL EXAMINER 2/11/70
NAME (Type)	The state meaning the Later of the state of
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D LOCATION (City, town, or county) (State)
REMOVAL (Specify) 2/16/70 Word of	an CEdno 11.11 Port
254 DAYE DECID BY HEATTH DEDY	egetif contentil Onliona,
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
EER 1 C 1970 Publik E. Karber, M.D.	Drapld E. C. NUEP 171/ NI POTTER
V\$ 151-REV, 1/1/68	VOIDIAN GROWN TO THE SONT



IMPORTANT

DIRECTOR:

DAVIDLY WENCETH INCIDENT - MILITARY FROM & DALVER ST. CANTALAN IN PAR BILLS CHANNAN STONETHAN 80-01-40 1.5 appropriate to presidents Clark to Applicat V527 54PT NELSON B DOTTERER KATHERONE SHITMER

37 -30 34

TV 1 12 2

white the same of the land

08 01. -0

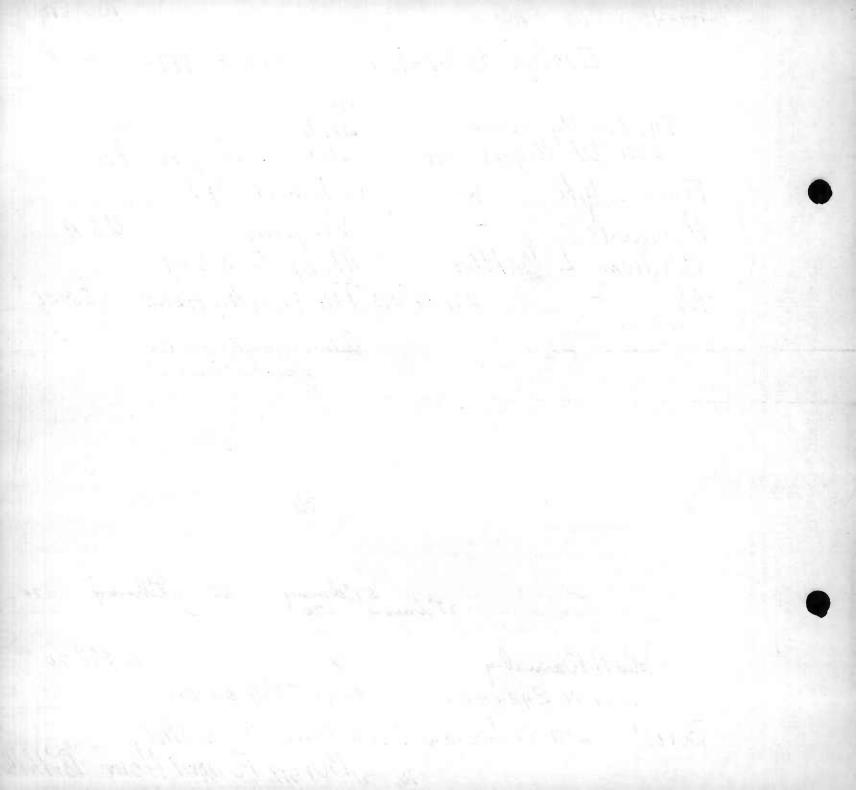
Budger P. Helstermer

EVELYN P MAVARR NO WARRY MENTENE MENTENE

Milestell Brook Private Street

2005	BIRTH NO. CERTIFICATE OF DEATH	
deatl deatl ease on the	1. NAME OF DECEASED EVELUN B WALSh Feb 8 1970 4	0 M.
occurred in a hospita ontributing cause of ermined cause; (5) Decregular attendance o eased prior to death. is made.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before of A, STATE B, COUNTY FULL NAME OF ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION, GIVE STREET AND NUMBER 7. SEX G. RACE TOWN DIVORCED B. DATE OF, BIRTH P. AGE (In years lost birthday) 10. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT ADDRESS OR MARKED 14. MOTHER'S MAIDEN NAME	er 24 Hrs. Min.
TOR: IMPORTANT miner or his assistant if death iner. Also, if the direct or c fracture of any kind; (4) Undet o pronounced death was in gular attendance on the dece	15. Wos Deceased Ever in U. S. Armed Forces? (Yesphofor unknown) (If yes, give wor or doles of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES 16. SOCIAL SECURITY NO. 238 7438/3 INPUISE Shape And ADDRESS CAUSE OF DEATH (A) IMMEDIATE CAUSE Interestable and incomplication which caused death.) ANTECEDENT CAUSES	
FUNERAL DIRECT the chief medical exartal by a medical exart (2) Body burns; (3) A fere the physician when any and the physician was in referently are effected the remains are	DISEASES OR CONDITIONS, if ony, giving nise to the above cause (A) stoling the UNDERLYING CONDITION tost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING NAS PERFORMED 21A. ACCIDENT WAS UNDERLYING NAS PERFORMED 21A. ACCIDENT WAS UNDERLYING NAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR?	
leased to the hosp ideased to the hosp ideased to the hosp ideast of any nature hospital (except we death); and (6)	that (I) (we) lost sow the deceased above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. Phys. Director Phys.	
This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME (of CEMETERY of CREMATORY 24D. LOCATION, (City, town, or county) 25A. DATE RECOD BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G SUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/6B	(Stote)

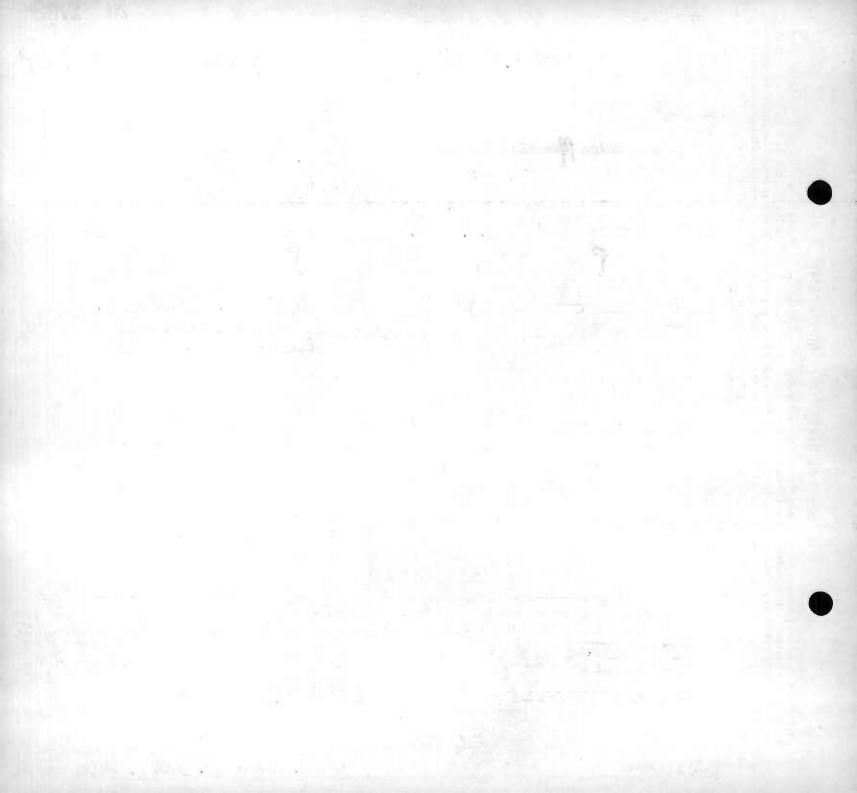
BALTIMORE CITY HEALTH DEPARTMENT



0-10-	BALTIMORE CITY	HEALTH DEPARTMENT	70 4794
G-625 70 17	81 CERTIFICA	TE OF DEATH REG. NO.	70 1701
BIRTH NO.		2. DATE AND HOUR OF DEAT	TE
Type or Print)		2/11/10/70	n III P
PLACE IN BALTIMORE MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where deceosed lived, II	f institution: residence before admissi
BALTIMORE CITY	HOSPITAL	A. STATE B. COUNTY	This is the state of the same
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MD. Baltimore	53-00
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN D. II	NSIDE CITY LIMITS?
4940 Eastern A		ESSEX	YES NO 🛛
Baltimore, Mary	yland 21224	E. STREET AND NUMBER	
		321 RIVERSIDE DR	NE 21221
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 I
T Als	WED DIVORCED	6-13-10 lost birthday 59	Months Doys Hours Min
OA. USUAL OCCUPATION (Give kind of work 10B, KIN			12. CITIZEN OF WHAT COUN
lone during most of working lite, even if retired)		\ / -	
SALES-CLERK DE	PT. STORE	VIRGINIA	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
PATRICK HAG	AN	Ad Dieder Die	FUS
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	tern Avenuess
(es, no or unknown) (If yes, give wor or dotes of serv	ice) SECURITY NO.		
UNK	218-34-0156	BCH Records - Baltimore	e, Maryland 21221
18. / / / Y I	CAUSE OF DEAT	H	APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY		A manufacture	4
LEADING TO DEATH	(A) IMMEDIATE CAL	ISF Alexeration and	\$0 m
(This does not meon the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF	
heart failure, asthenia, etc. 11 means the disc injury or complication which coused death.)	8058,		
ANTECEDENT CAUSES		pullusnia	- Juchs
	(B)	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if ony, gi	3	The state of the s	
UNDERLYING CONDITION lost.	(c)		
II - II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT			
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		VES IN CERTIFIED	CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID (If in Boltin	more City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	Mice bidg., INJURT OCCUR?	
<u>o</u>			
OF INJURY (Month) (Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not While At Work	e 🗌	
22		1-29 19 40 ta	2-11 19 71
22. I certify that (+) (this haspital) attend		,	
that (+) (we) last saw the deceased alive	an 3-	19 90 and that in (my) (aur)	apinian death accurred an the
and have and from the causes stated above	ve. (1) (We) (did) (did not)	lew the bady after death.	
23A. SIGNATURE			23 B. DATE SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DIN MI Dhu	ending Med. Staff Staff Phys.	2-11-70
23C. PHYSICIAN'S	T DEGREE	s. Director Phys. 23D. ADDRESS 4940 Eastern	Avenue
NAME (Type)			
Wohn R. Brechtel,	M.D. OEGREE	BCH Baltimore, Man	ryland 21224
	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stat
REMOVAL (Specify)	001111	81-5	# 3
DUNIAL	OAK LAWN	DALIC.	140.
25A. DATE REC'D BY HEALTH DEPT. 25R. NA	ME-OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESSOE
LERTH MIN (REAL ES)	Land Contraction	TONCONNELLY S.	ONS MAC
/S 150-REV. 1/1/6B			

Hoters Majorie Dia Cis the first state of the same of the state of the The same there was the same of the same of

VS 150-REV. 1/1/68



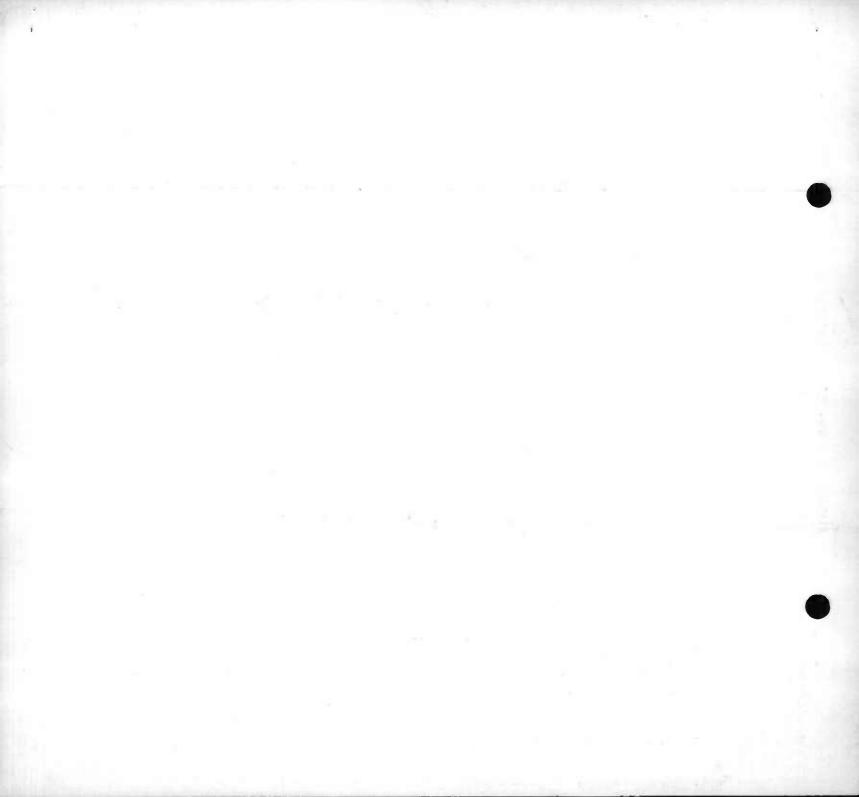
FUNERAL DIRECTOR: IMPORTANT

1/	3-652 70 1783	BALTIMORE CITY	HEALTH DEPARTMENT	P10 41900
	RTH NO.	CERTIFICA	TE OF DEATH X REG. No.	70 1783
(1)	NAME OF DECEASED OF PRINTING, ROBER OF PRINTING, ROBER		2. DATE AND HOUR OF DEA 02-14-70	1 6:05 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived, I	
III H	ULL NAME OF (IF NOT IN HOSPITAL OR I OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND	21207 53-00
	ST. AGNES HOSPITAL		BALTIMORE D. II	NSIDE CITY LIMITS?
15	WILKENS & CATON AVENU	ES	E. STREET AND NUMBER	YES NO NO
1	BALTIMORE, MARYLAND 2	1229	6023 MONTGOMERY STAN	EUSX AVE. 21207
1	MALE WHITE WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
R		e Stores	MARYLAND	U. S. A.
	JOHN GEHRING		MARY DOWER	
15. IYe	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of sen	16. SOCIAL SECURITY NO.	T. AGNES HOSP. RECOF	7. 21229 ORESS RDS-WILKENS &CATON
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Mesenteria thromboxing intesti infanation SE De Hunt Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., (A)IMMEDIATE CAU	SE De Mont Failure	***************************************
	ANTECEDENT CAUSES		***	
	DISEASES OR CONDITIONS, if any, gi	ving (B)	A CONSEQUENCE OF:	***************************************
	UNDERLYING CONDITION last.	(c)		***************************************
NOLL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF TH	NG NAL		
CERTIFICATI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION 1 WAS PERFORMED	OR WHICH OPERATION	NO 208 IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218 PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or about 21C. WHERE DID (If In Baltim	iore Cfty, give exact location)
MEDI	21D-TIME (Month) (Doy) (Yearl (Hour) OF (NJURY (APPROX.)	21 & INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this hospital) attend		BRUARY 1 1970 to FEE	BRUARY 14 10 70
	that 🗱 (we) last saw the deceased alive	on FEBRUARY 14	19 70 and that in (n/w) (our) as	pinian death accurred an the date
	and haur and from the causes stated abov	e-XIX(We) (did) (dXXX) vi	ew the bady after death.	
	J. Longland	Attended Phys.	ding Med. Staff Phys.	238 DATE SIGNED 2-14.70.
	23C. PHYSICIAN'S NAME (Type) CSATA MUDNESON	25 mg. 23	3D. ADDRESS	1
24A		DEGREE C. NAME of CEMETERY OF CREA	CATON & WILKENS AVES	BALTO MD 21229 City, town, or county (Stote)
		Lorraine Park (em		cult in aid or contilly (21016)
25A		AE OF REGISTRAR	etery Baltimore, Mo	ADDARCE
F	EBIG DM Page & Jack	440 0 0 0 m	This Venny Fineral	Hore - Hollins & Silmon
S	150-REV. 1/1/68	The state of the s		

HERE HERE, MARKET IMPORTANT

FUNERAL DIRECTOR:

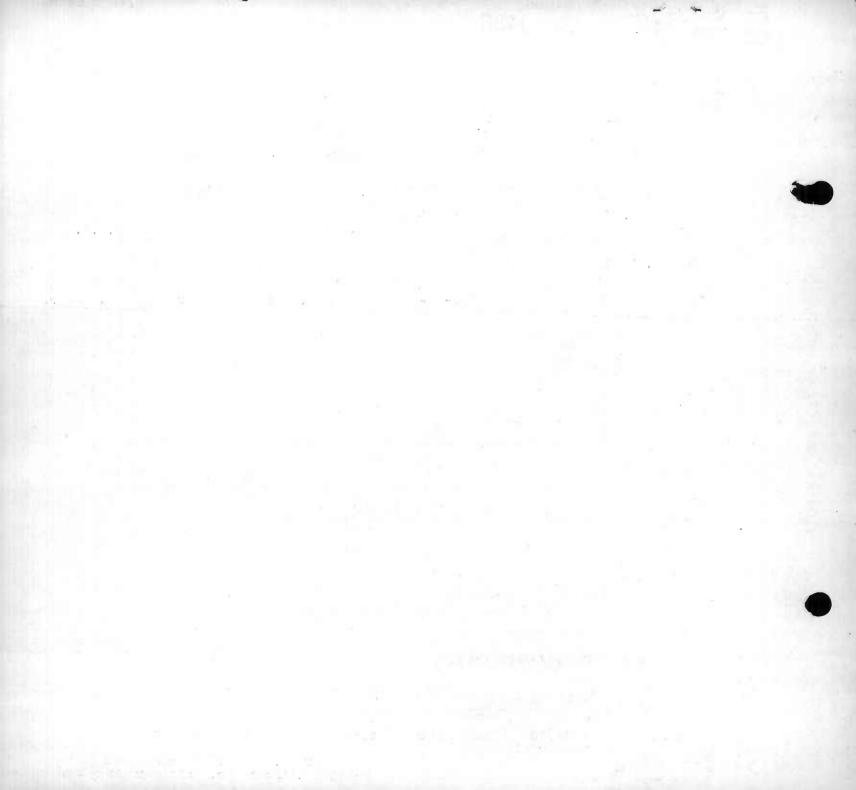
1/ 11-21			BALTIMORE CITY	HEALTH DEPARTMENT		70 1784
BIRTH NO.	70	17.84	CERTIFICA	TE OF DEATH	REG. NO	70 1784
Type or Print)	ASED Wer W	Mor		2. DATE A	ND HOUR OF DEATH	1 1010 0
3. PLACE IN BALTI	MORE MARYLAND,	WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Whe	ere deceased fived II in	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI	TAL OR INSTITUTIO		A. STATE B. COUN	(TY	2553
	ADDRESS OR LOC	(Allon)		C. CITY OR TOWN		DE CITY LIMITS?
Univ	Haspital	- Balto.	Mid	E. STREET AND NUMBER	~	YES NO
38				1931 Holl,	us ferry	Road
Male	white	WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Days Hours Min.
IOA, USUAL OCCUP	ATION (Give kind of working life, even if retired)	LIOB KIND OF BU	INESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNT
Janus			(North Ca	rolina?	UJA
3. FATHER'S NAME	Lonnie !	Holder		14. MOTHER'S MAIDEN NA	ME	
S. Wos Deceased E- Yes, no or unknown) (I	ver in U. S. Armed Fo	rces? 1 6.	SOCIAL SECURITY NO.	17. INFORMANT	01	ADD/(§\$s
		24	1-10-0794	L'Eona Ho	tder THI	volf St
18. 68	2.54		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	OR CONDITION DEATH	RECTLY		MILLO		1// AND DEA
(This does not	meen the made of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	espir Mry +	14 415
injury or compli	thenia, etc. It means icalian which caused	the disease,	5 0 1 0, OK A3	(Ir cality ri	arrest	
AN	TECEDENT CAUSES					
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***********
UNDERLYING	abave cause (A)	stating the	(c)			
	11		(0)	1+ 014		
OTHER SIGNIFICATION TO THE DEATH I	ANT CONDITIONS CO	NTRIBUTING	Brond	guit e us	(Had a see	
DISEASE OR CON	BUT NOT RELATED TO T IDITION GIVEN IN PAR	T 1 (A).	21,440	Direct A N	va process	
19A. DATE OF O	PERATION 198. CON WAS PER	FORMED	CH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	INDINGS CONSIDERED
OR CONTRIBUTU	WAS UNDERLYING	21 B. PLA home, 1o	CE OF INJURY le.g., ir rm, foctory, street, af	or obout 21 C. WHERE DID	(11 in Boltimore	City, give exoct locotion)
21D. TIME (A	Aonth) (Doy) (Year)		URY OCCURRED	215 HOW DID 1911	100 000100	
OF INJURY		While A	Not White	21F. HOW DID INJ	DRY OCCUR?	
22 1	(I) (al.t. 1 t. 1	Work	Al Work			
	at (I) (this hospital st saw the decease		ceased from	3 1	9	2/9 - 19 2 0
			~ (and the	ot In(my) (out) apin	ian death occurred an the da
23A. SIGNATURE	um the couses sto	ad abave. (I) (W	e) (did) (did T iot) vi	ew the body after death.		OLD DATE SIGNAT
Ch 18	-11		Atter	iding Med.	Staff Phys.	23B. DATE SIGNED
23C. PHYSICIAN	Hum	V VEC	DEGREE Phys.	3D. ADDRESS	Physical	017
NAME (Type	1/er 5 J	amaka da	1.10	Man W		
4A. BURIAL CREMA REMOVAL (Spe	TION, 24B, DATE	24C, NAME	OEGREE OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (Stote)
Burial	2/3-7	o min	Puch		eltimore,	
SA. DATE REC'D BY	HEALTH DEPT.	25B NAME OF RE	GISTRAR	25G FUNERAL DIRECTOR	Tumore,	ADDRESS
FERIC	1071 R.C.	E. Salban	M.B.	transogta	lect 8/4	4-36 ST
S 150-REV. 1/1/68				1 01 1 1 1 1 1 1	5 0 1	



1	-2/0	170	4170	BALTIMORE CITY	HEALTH DEPAR	RTMENT		70	1505
	TH NO.		17.85	CERTIFICA	TE OF DE	ATH	REG. NO	.70	1785
	Pe at Print)		******	Oh and and		2. DATE AN	D HOUR OF DEATH		۹.0۲ ۸
3.	PLACE IN BAL	LEISHER, W			4. USUAL RESID	ENCE (When	e deceased lived. If in	- 1	8:25 A Mesidence before odmission)
Ш					A. STATE	E COUN	TY	131110110114 (1 M C/C/
HIN	ILL NAME OF OSPITAL OR STITUTION	ADDRESS OR LOCA	ATION)	TTUTION, GIVE STREET	Maryla c. CITY OR TOW		D. INS	IDE CITY L	IMITS?
	Ve	terans Admini		-	Baltim	ore		YES X	№ □
6		00 Loch Raven	_	evard	E. STREET AND	NUMBER			
5.	SEX Ba	1timore, Md 2	7- MARRIE	D NEVER MARRIED	5256 N	elson A		If Unde	or 1 Ye . If Under 24 Hrs.
М	ale	White	WIDOWE		6/29908		ost birthdoy	Months	Days Hours Min.
10/	LUSUAL OCCI		10B, KIND	OF BUSINESS OR INDUSTRY		(State or farei	gn country)	12. CITI	ZEN OF WHAT COUNTRY
	Attenden	- '	Se	ervice Station	Wilk	insburg	g, Pa.	U	JSA
13.	FATHER'S NA	ME			14. MOTHER'S A	AAIDEN NAA	AE		
S	amuel E.	Leisher			Ida St	evens			
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. Armed Fore	s of service		17. INFORMANT	Hospita	1 Records		ADDRESS
	YES	4/6/44 - 3/	4/46	128-05-7190	3900 L		en Blvd., E	Balto.	, Md 21218
V	18. 5.7.	94011	/	CAUSE OF DEATH	1				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIR LEADING TO DEATH	ECTLY	ALA MANAGOLATI CAM	Presime	d Cance	er of manere	as	8 months
	(This does n	ot meon the mode of osthenio, etc. It means	dying, e.g	T. DUETO OD LE	USE Presumed Cancer of pancreas 8 months A CONSEQUENCE OF:				
	injury or com	plicolian which coused	dooth.i	•,					
		INTECEDENT CAUSES		(B)	1 70001				
	rise to the	R CONDITIONS, ii above cause (A)	any, givin stoling th		A CONSEQUENCE	OF:			
	UNDERLYING	CONDITION last.		(c)					
NO	OTHER SIGNIFI	[] CANT CONDITIONS CON	ATRIBUTING	3 70-7	m 1		Mr. A		
ATI	DISEASE OR CO	H BUT NOT RELATED TO THE	1 (A).	*****************				·	ranced, active
CERTIFICATION	0	OPERATION 198. CONI WAS PERF	ORMED	WHICH OPERATION	NO NO	? (Yes ar Na)	208. IF YES, WERE F	USES OF	CONSIDERED DEATH?
1	DEATH (notity	T WAS UNDERLYING TING CAUSE OF medical examined	he et	B. PLACE OF INJURY (e.g., in ome, farm, factory, street, off c.)	or about 21 C. WH	OC CUR?	(If In Baltimar	e City, give	e exact location)
MEDICAL	21 D. TIME OF INJURY	(Month) (Doy) (Year)	17.14	E INJURY OCCURRED		N DID INJU	IRY OCCUR?		
	(APPROX.)		l N	/hile At Not While At Work					
	22. I certify	that (1) (this hospital)	attended	the deceased from O	ctober 17	th 19	69 to Febru		
that (1) (we) last sow the deceased alive an February 11th 19 70 ond that in (my) (our) opinion death occurred on the dat and hour and from the causes stated above. (I) (We) (did) (did) (at that) view the bady after death.								h occurred on the dote	
23A. SIGNATURE Attending Med. Stuff 22B. DATE SIGNED 2/13/70									
	23C. PHYSICIAI NAME (T)	N'S (pe)	2100	DEGREE	3D. ADDRESS				
	DAVID N. MARINE M.D. Baltimore Maryland 21218								
24A	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Idwn, or county) (Stote)								
250	Juria	BY HEALTH DEPL	0 1	Loudon IV	ationa	1 13	altimos	10,	mq,
F	EB 16 19	70 Pales E.	Taber	A.D. O. O.	Obn J	70.1	burySr	. 641	1 WindsorM
VS	150-REV. 1/1/6	8							

FUNERAL DIRECTOR: IMPORTANT

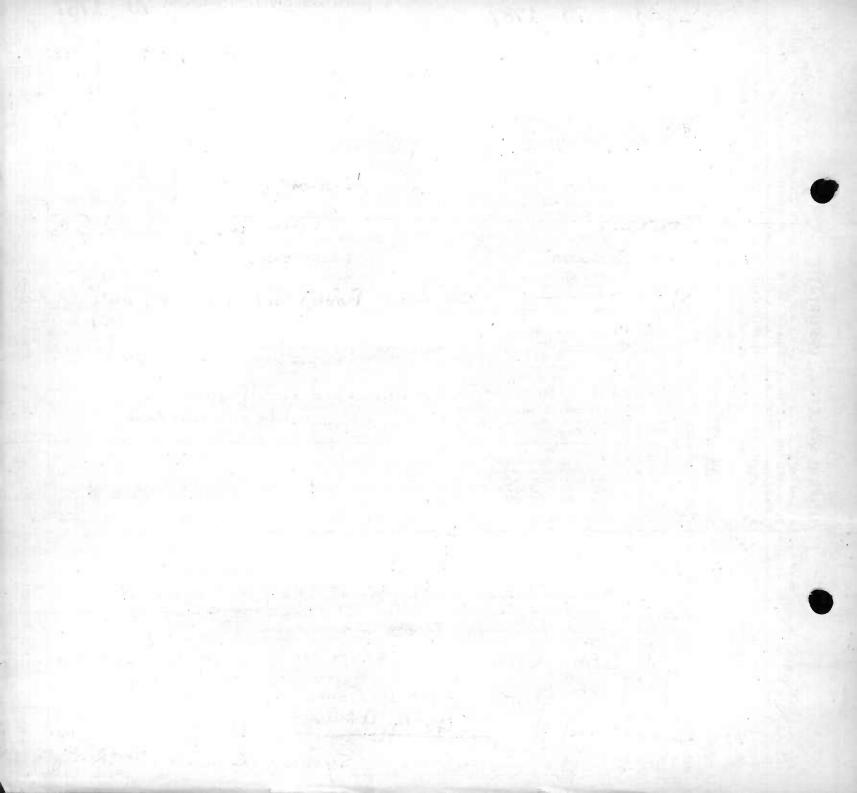
-				BALTIMORE CITY	HEALTH DEPARTMENT	~	70 1786
BIRT)-320 TH NO.	70	17.86	CERTIFICA	TE OF DEATH	REG. NO.	
	AME OF DECE e or Print)	WILFOR	D G.]	DIETZ	2. DATE AND HO	11	701 11:00 Pm.
3. P	LACE IN BALT	MORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where dec	cosed lived. If institut	on: residence before admission)
FUI HO	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	MaryLand C. CITY OR TOWN	D. INSIDE C	2582 ITY LIMITS?
	1	JTHERAN	Hos	P. OFND,	Baltimore E. STREET AND NUMBER	YES	NO D
	410				1009 Parkslay	1 AVE,	
S. S	EX	6. RACE	7- MARRIED	NEVER MARRIED			Under 1 Yr. , If Under 24 Hrs. nths Doys Hours Min.
104	Pale	WhitE	WIDOWED		11-3-94	75	CITIZEN OF WHAT COUNTRY?
		rarking life, even if retired)	BALTO		THE DIRECT CONTROL OF TOTAL CO	12.	CHIZEN OF WHAT COUNTRY!
-	.erk				Maryland		U.S.A.
13. [ATHER'S NAM	NE .			14. MOTHER'S MAIDEN NAME		
J	ohn H. I	Dietz			Anna Aickley		
IS. V	Nos Deceased	Ever in U. S. Armed For (If yes, give wor or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YE		WW1		212-05-5478	Anna K. Dietz 10	09 Parkslev	Ave. Balto
	1B. /_/	- VI		CAUSE OF DEATH			APPROXIMATE INTERVAL
		E OR CONDITION DI	RECTLY		PNEUMON	1A	BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
		NTECEDENT CAUSES					
	(B)						
	DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION last. (C)						
		- 11					
0		CANT CONDITIONS CO		TUMOI	R OF THE BOD!	V OF TO	
ATIO		I BUT NOT RELATED TO T ONDITION GIVEN IN PAR					
FIC	19A. DATE OF	OPERATION 198. CON		HICH OPERATION	20 A. AUTOPSY? (Yes (No.) 20 E	CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
ERT	11-97	- 64 104	IOROF	HODY OF 7	181		
	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner		PLACE OF INJURY (e.g., i) e, form, foctory, street, of	n or about 21 C. WHERE DID injury OCCUR?	(If in BoltImore City	r, give exact lacation)
		(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
ž	(A PPROX.)		Whil	e At Not While	e 🗍		
	22 1	1 . W 70 / 1			11-21- 196	G FE	B 11 1970
		that (1) (this hospital last sow the decease		REG U	50.	1	deoth occurred an the dote
	ond hour and	from the couses sto	red obave. (1)	(did not) v	iew the bady ofter deoth.		
	23A. SIGNATUI	RE C		1		238.	DATE SIGNED
	Xun	an Vinglu	suno	DEGREE Phys	nding Med. Staff S. Director Phys.	A	Feb 11, 10
	23C. PHYSICIAN		1 - 2 1	DEGREE	23D. ADDRESS	IN HOSP	OF MID
24A	BURIAL CREA	MATION, 24B. DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D. LOCAT	TION (City, to	wn, or county) (State)
P	removal (S	2/14/70	Tour	don Park Ceme	tery Relt	imore Maryla	and
25A			25B NAME O		2SC. FUNERAL DIRECTOR	Inoic Paryle	ADDRESS
FE	B16 197	Maller E	acces, No	0000	Howard H. Hubba		Home
VS	150-REV 1/1/6	R	4		4107 Wilkens Av	C. Da It Imol	, ist Ly be the

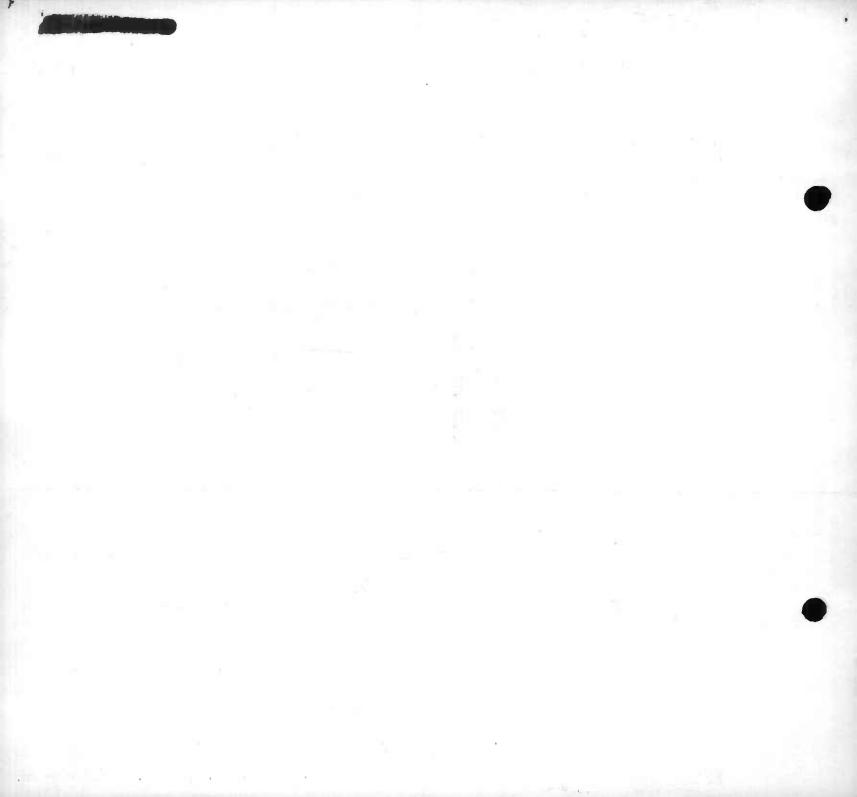


IMPORTANT

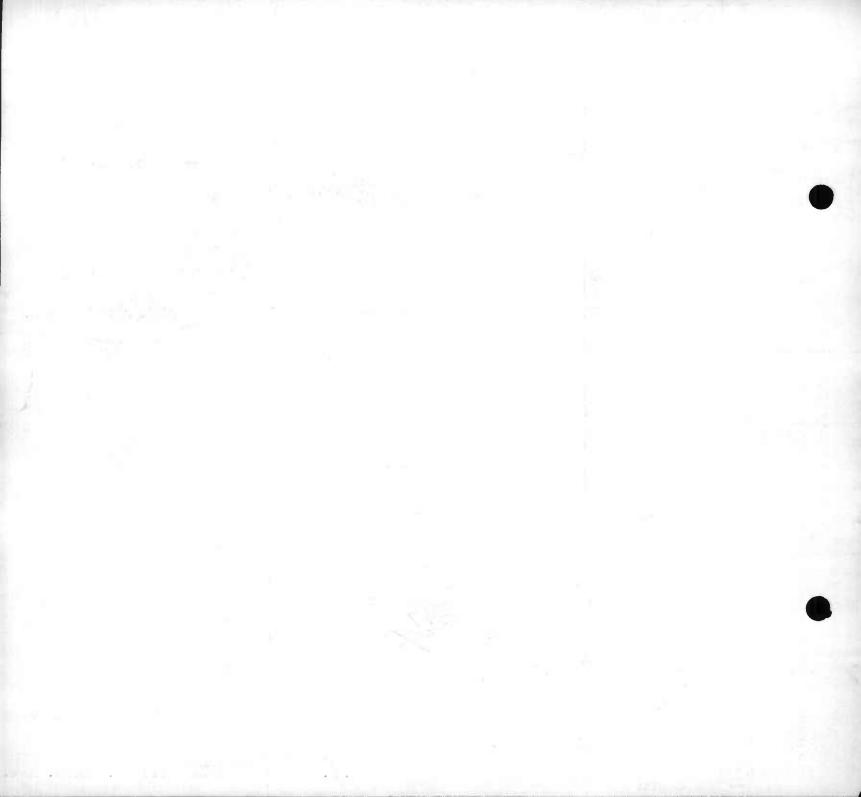
FUNERAL DIRECTOR:

VS 150-REV. 1/1/68





VS 150-REV. 1/1/68



DIRECTOR:

FUNERAL

a ,

1/ 0-1	BALTIMORE CITY	HEALTH DEPARTMENT		70 1704
BIRTH NO. 70 1791	CERTIFICA	TE OF DEATH	REG. NO	70 1791
T. NAME OF DECEASED (Type or Print) Mamie Hagner		2. DATE AND	HOUR OF DEATH	2/2 0-
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE (Where	deceased lived. Il ins	titulion residence before edmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		Mary and		2/02 DE CITY LIMITS?
Uhiversity Hosp Md		E. STREET AND NUMBER		YES NO
00		1144 Nantic	oke St	(2/230)
5. SEX Femile 6. RACE wildowed wildowed	DIVORCED T	2/15-/88 10	AGE (In years st birthdoy)	Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND Of	BUSINESS OR INDUSTRY	11. BIRTHPLACE Stole or foreign	country)	12. CITIZEN OF WHAT COUNTR
Battle masher. Viste	elen	Md.		USA
13. FATHER'S NAME	en	14. MOTHER'S MAIDEN NAM	2	<i>t</i>
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give war or dotos of service)	1 6. SOCIAL	17. INFORMANT	The state of the s	ADDRESS
NO - 21	1-01-1548 A	Charles Ja	more.	MU Umm/do
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	se Cardino as	rvest	in mediate
(This does not mean the made of dying, e.g., heart failure, astherio, etc. 11 means the disease,	POE 10, 011 A3	A CONSEQUENCE OF:	4 4 0 0 0	A
injury of camplication which caused deoth.)	Mass	ING WIT DA	ays pre-	5 days
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION last.		A CONSEQUENCE OF:	***************************************	***************************************
12	(C)		************************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Atrid 1	Gbrilletion		5, chys yenry
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. DATE OF OPERATION 19R CONDITION FOR V WAS PERFORMED 21A- ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FILL	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 1 21R	PLACE OF INITION IS	or about 21C, WHERE DID	aphyddina	
DEATH (notify medicol exominer) hom etc.)	e, farm, foctory, street, of	ice bldg. INJURY OCCUR?	(If In Boltimore	City, give exact location)
OF INJURY IMenth) IDoy) IYood (Hour 21E	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
	k Not While			
22. I certify that (1) (this hospital) attended th		2/7	10 to 2	1
that (I) (we) last saw the deceased alive an	2/13		Character I was a service of the ser	an death accurred on the date
and have and from the causes stated above. (1)	(We) (did) (did-not) vi	ew the bady after death.		
23A. SIGNATURE	742		[2	38. DATE SIGNED
Charles Storming	OEGREE Phys.		off ys.	2/17/70
PARETTYPO Arles S. Sam	oradin	3D. ADDRESS	e	
24C. NA REMOVAL ISpecify) 24C. NA	ME of CEMETERY of CRE	MATORY 24D. LOC	ATION (City,	town, or countyl (Stote)
Dured 2/16/70 fee		enetery Do	ettimore,	md.
FFR 1 6 1970	A23.	25C. FUNERAL DIRECTOR	1. 1	901 Tholling St
/S 150-REV. 1/1/68		The Coloreste	you the	-101 stocked

Mle .

FUNERAL DIRECTOR:

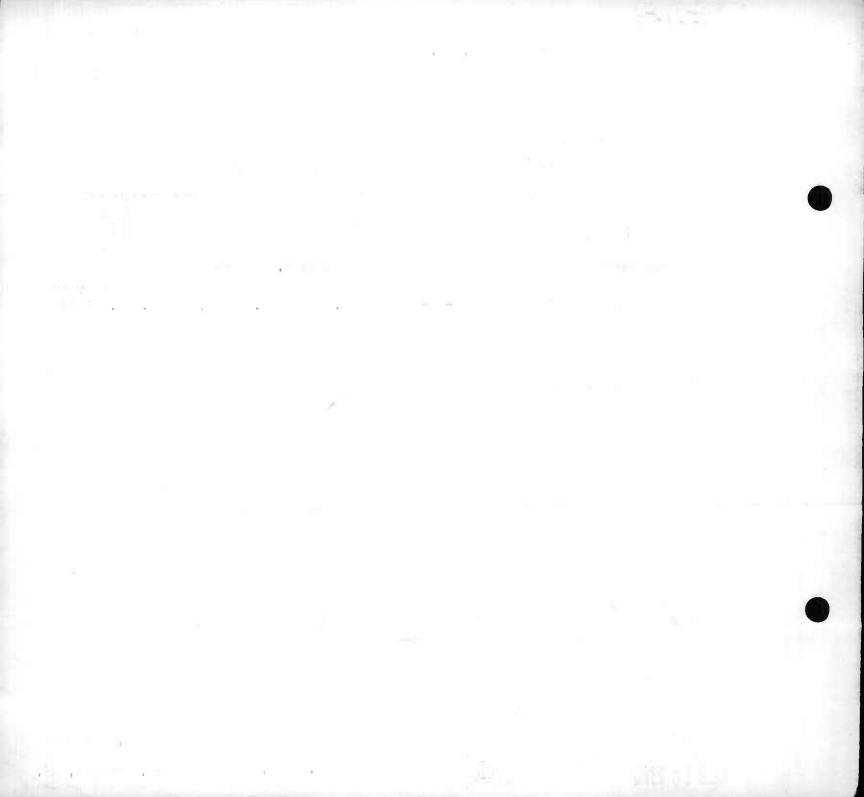
- 6211 11700	ALTIMORE CITY HEALTH DEPARTM		70 1792
BIRTH NO.	ERTIFICATE OF DEA	TH REG. NO.	
1. NAME OF DECEASED Dolores J. George	2. D	ATE AND HOUR OF DEATH	
DOLORES GEORGE		2.11.70.	5. 30 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4. USUAL RESIDENCE A. STATE	E (Where deceased lived, If institute	ion: residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, OF ADDRESS OR LOCATION)		Baltimore	33-00
CHURCH HOME AND HOST		10	NO A
35 Church Home & Hospital	E. STREET AND NUM		
5. SEX 6. RACE 7. MARRIED NEV	ER MARRIED 8. DATE OF BIRTH	9. AGE (in yours If	Under 1 Yr. If Under 24 Hrs.
Female WIDOWED WIDOWED	DIVORCED 1 12.20.2	48	nihs Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINE	SS OR INDUSTRY 11. BIRTHPLACE (Stote		CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Four Roses		1 ARYLAND	AMERICA.
TANIEL DIETRICH	14. MOTHER'S MAID BES	EN NAME SIE MILLER.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SEC		sband) 2358 Sear	F224QQAso Fo
No	12 5637 Mr. Earl Ge	orge, Dundalk,	
10	AUSE OF DEATH	or Pol ? Desidentish	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		onary Edema	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	DUE TO, OR AS A CONSEQUENCE OF:	Thany collins	*****
heart toilure, asthenia, etc. It means the disease, injury or complication which coused death.)	Parol - Arise	11-0111:	
ANTECEDENT CAUSES	wareine	HEART facults	
	DUE TO, OR AS A CONSEQUENCE OF:		*****
rise to the obove cause (A) sloting the UNDERLYING CONDITION lost.	posible tal	morary Subolico	
	2 0 0	all h	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Post of Dowel	Valmeton	
	PERATION 20A-AUTOPSYT (You	or No. 208. IF YES, WERE FINDI	NGS CONSIDERED
2. 3. 70 WAS PERFORMED DIVERTY	culity 188	IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE CONTRIBUTING CAUSE OF DEATH (notify medical examined)	OF INJURY (e.g., in or obout 21 C. WHERE foctory, street, office bldg., INJURY OCC	DID (If In Boltimore City,	give exact location)
21D-TIME (Month) (Doy) (Yeol (Hour) 21E INJURY	OCCURRED 21F. HOW D	ID INJURY OCCUR?	
(APPROX.) While At Work	Not While		
22. I certify that (I) (this hospital) attended the deced	AT WORL		1/ 50
	3	ond that in (my) (our) opinion	
and haur and from the causes stated abave. (1) (We) (c	lid) (did not) view the body ofter d	eath.	
23A. SIGNATURE			DATE SIGNED
Prabir K. Bost 4. I	Attending Med. Phys. Director	Staff Phys.	2.11-70.
23C. PHYSICIAN'S NAME (Typol PRABIE - K. BOSE	M D. OEGREE	h Home & Hoofs	rtal
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of C			rn, or county! (Stote)
Burial 2-16-70 Oak 1	Lawn	Baltimore, Man	117
25A. DATE REC'D BY HEALTH DEPTE 298. MANS OF LEGIST	DAR JOSO CHAIRMAN		
FEB 16 1970 Refer & Jackson 18 19	Opin 1 Di	da 7922 Wise Ave.	Dundalk, Md
V5 150-REV. 1/1/6B			

No. of the control of Acres Acres ERNICE DIVERSON Prime Lines "" = 20 11 2c = 3 Shared Home & Herspital PERRIC K BONE HA

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.		
This certificate must be approved by the chief medical examiner or his assista the body was released to the hospital by a medical examiner. Also, if the shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind was D.O.A. at a hospital (except where the physician who pronounced deal decased prior to death); and (6) No physician was in regular attendance of written approval must be obtained before the remains are embalmed or final and the statement of the	nt if death occurred in a hospital and direct or contributing cause of death 1; (4) Undetermined cause; (5) Deceased the was in regular attendance on the in the deceased prior to death. Such adisposition is made.	BIR 1.N (Ty) 3. FU HOINS
This certificate must be apply the body was released to the shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death); written approval must be a written approval	proved by the chief medical examiner or his assistant if the hospital by a medical examiner. Also, if the direc ny nature; (2) Body burns; (3) A fracture of any kind; (4) except where the physician who pronounced death wand (6) No physician was in regular attendance on the batained before the remains are embalmed or final disp.	IFICATION
	This certificate must be ap the body was released to shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death); written approval must be c	24A

FUNERAL DIRECTOR: IMPORTANT

二	152	'70	170	BALTIMORE CIT	Y HEALTH DEPARTMENT	X	770 4	Mag
BIRTH N		, ,	179	CERTIFICA	TE OF DEATH	REG. NO	70 1	793
1. NAMI	Print)	R. E	Edris E	vans, 3r.	2 DATE A	ND HOUR OF DEATH	1	051
3. PLAC	E IN BALTIM	ORE MARYLA	ND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WH	nere deceased lived, If	institution: residence 1	before odmission)
FULL N HOSPITA INSTITU	AME OF AL OR TION	(IF NOT IN F	OSPITAL OR IN	STITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN Edge	Baltimore	SIDE CITY LIMITS?	300
CH	+U PCH	HOM	EAND	HOSPITAL	E. STREET AND NUMBER	E	YES N	10 1
15	Church	Home &	Hospital	(104)111	7202 MAP	THA AVE	DUE	
5. SEX	LE U	UHITE	WIDOV		6-2-02	9. AGE (In yours lost birthday) 67	If Under 1 Yr. Months; Doys H	If Under 24 Hrs.
done duri	AL OCCUPAT	TION (Give kind ng life, even if re	al work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stota or for	eign countryl	12. CITIZEN OF W	HAT COUNTRY?
BET	- MIN	STER			LNDIAN	1 A	AME	RICA
13. FATH	ER'S NAME		1		14. MOTHER'S MAIDEN NA			
		vans			Eliza J. O	sborne		
Yes	runknown) (If	yos, give word Not War	or dates of sorvi	213-07-2900	Mrs. Thelma M		02 Marthapa lto. Md. 2	venue 1219
18.	410,	91	***	CAUSE OF DEAT	H //	Λ -	A PETWEEN C	MATE INTERVAL
		CONDITION DING TO DE		Aci	te Myocardi	of Tufare	Livi C	day
(Thi:	s daes nat n	neon the mod	de of dying,	(A) IMMEDIATE CAI	A CONSEQUENCE OF:	A	8	cicip
hear	I failure, asth y or complice	enia, elc. Il n olian which c	neans the dise	ose,	//	0: 11. 1	1 2	-
	ANT	ECEDENT CA	USES	Clastin		rdio besculo	4 1/18/ay -	40aler
DISI	ASES OR	CONDITIONS,	if any, giv	ring (8)	A CONSEQUENCE OF:	*****************************		
UNI	ta the at DERLYING CO	bove cause ONDITION las	(A) slaling	(C)				
		11		0 1	0170	* 4		Λ
V DISE	HE DEATH BU	IT NOT RELATED	S CONTRIBUTION TO THE TERMIN	AL GOLING	Sutes tinal	***************		day
E 0		WA	SPERFORMED	OR WHICH OPERATION	NO NO	ON CERTIFYING CA	FINDINGS CONSIDE	ERED
DEAT	ACCIDENT WE CONTRIBUTING THE (notify med)	AS UNDERLY G CAUSE O ical examined	NG 🗍	21B. PLACE OF INJURY (e.g., i hame, form, factory, street, a etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltima	re City, give exect lec	otion)
	TIME (Mo	nthl (Doyl (Yearl (Hourl	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APP	ROX.)			While At At Work	° 🗆 ,	7	7	
22. 1	certify that	(#) (this hos	pital) attende	d the deceased from F	-eb: 4	19 10 to t	0.13	19 10
that	(W) (we) last	saw the dec	eased alive o	n Feb. 13	19 20 and th	hat In (my) (ewr) op	Inlon death occurr	ed on the data
and	hour and fro	m the causes	stated obove	. (I) (We) (did) (did) v				
23A.	SIGNATURE	//	P				23 B. DATE SIGNED	
	lega	all.	Jones	DEGREE Phy	nding Med. Director	Staff Phys.	2-13-	20
23C.	PHYSICIAN'S NAME (Typol CET	AR +	4. 601	PEZ IND	23D. ADDRESS CHURCH HOM	IE XHOCI) _	
24A. BUR	IAL CREMATI	vI .		NAME of CEMETERY OF CRI	MATORY 24D. L	OCATION C	ity, town, or countyl	(Stote)
Bu	rial	2/1	6/70 0	ak Lawn Cemeter	v		timore, Mar	
25A. DA	E REC'D BY	HEALTH DEPT.	- 258, NAM		John J. Duda,	7022 LT4	ADDR	ESS 262
FEB 1	6 371	16 Beefs	" Marber	74.000	Donn. o. Dana,	OLYER MISO	ave. Dundal	K, Md.



FUNERAL DIRECTOR:

# -450 70 1	794 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.	70 1794
T.NAME OF DECEASED (Type or Print) KLEIN, VIRGI		2. DATE AND HOUR OF DEATH	1 1 20
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where doceosed lived, If	institution: residence before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND BALTIMON	SIDE CITY LIMITS?
BAUTIMONS HOSPITAL		E. STREET AND NUMBER	YES NO
BROTTER OF	,		NE
F CAME WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIT	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Housewife		MARMIANO	MSA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
GEONGE GETZ		ANNA SHEA	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wer or dotes of ser	vice) 1 6- SOCIAL	17. INFORMANT	ADDRESS
UNK.	JECORIII NO.	F. C. DELJE M.O.	university 1401.
18. 18 V	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE CONGESTINE HEAT FA	wire 4 wils.
(This does not mean the mode of dying, hearl failure, osthenia, etc. II means the dis	e.g., DUE TO, OR AS	ISE CONGESTAR HEAT FA	
injury ar camplication which caused death.)	ouse,		
ANTECEDENT CAUSES	60 DOME CY7	TOTAL ALARA JELA	
DISEASES OR CONDITIONS, il any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating UNDERLYING CONDITION last.	lhe		!
ONDERENING CONDITION (ds).	(c)		*************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING NAL		
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No.) 208. IF YES, WERE	EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		YES IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (o.g., la hame, form, loctory, street, of etc.)	n or obout 21 C. WHERE DID (II in Soltimor	re City, give exect location)
2 21D-TIME (Month) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not While At Work		
22. I certify that (1) (this hospital) attend	1	2/4 19 76 to 2	19 20
that (1) (we) last saw the deceased alive		19 19 and that In(my) (our) apl	nian death accurred an the date
and haur and from the causes stated above 23A-SIGNATURE	ve. (1) (We) (dld) (dld net) v	lew the bady after death.	
	M.D. Atte	nding Med. Staff	238, DATE SIGNED
trestant 6. De	Ge DEGREE Phys	Director Phys.	2/11/20
23C. PHYSICIAN'S NAME (Typei		3D. ADDRESS	0.
FERDERICK C. DEL	DEGREE	UNIVERSITY HOSPITAL	BMT.
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (CI	ly, town, or county) (Stote)
BURIAL 2/16/70 1	VEW CAThedRA	17.00	M
EB 16 1970 (Kalbert E. Jabe	ME OF REGISTRAR	ES Was Vall 301	- Frealenck Rd
/S 150-REV. 1/1/68			130 to my 2,228



BIRTH NO.	1 / 4 7	ATE OF DEATH REG. NO.	70 1795
1. NAME OF DECEASED (Type or Print) FREE	MAN, HARRIETT	2. DATE AND HOUR OF DEA FEBRUARY 10,	
HO BALT	OSPITAL OR INSTITUTION, GIVE STREET LOCATION! AGNES HOSPITAL ON & WILKENS AVES.	4. USUAL RESIDENCE (Whore decessed lived, I A. STATE B. COUNTY MARYLAND BALTIMORE C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER	If institutions residence before admission)
FEMALE NEGRO	WIDOWED DIVORCED	1 02 06 04 lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Housewife 13. FATHER'S NAME LLOYD RANDALL	fired)	MARYLAND 14. MOTHER'S MAIDEN NAME MINERVIE (STEWART)	U.S.A.
		17. INFORMANT	ADDRESS 23 Winters Lane
CThis does not meen the more heart foilure, astheria, etc. It is injury or complication which or ANTECEDENT CA DISEASES OR CONDITIONS, rise to the above couse UNDERLYING CONDITION to	ATH le of dying, e.g., leans the disease, lused death.) USES if any, giving (A) stating the t. (C)	Pul-atelectosis s a consequence of:	
OR CONTRIBUTING CAUSE O	PERFORMED	IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
OF INJURY (APPROX.)	While At Not Wh	21F. HOW DID INJURY OCCUR?	
that (1) (we) lost saw the dec	stoted above. (I) (We) (did) (did/not) Branch April Degree Ph Affine MD	19.70 ond that In (my) (our) ovlew the body after death. ending Med. Director Phys. 1230. ADDRESS CATON & WILKENS AVES	23B, DATE SIGNED 2//0/70
Burial 2/1	E 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or countyl (State)
BALTIMORE, MARYLAND 212 9 223 WINTERS AVENUE S. SEX G. RACE AMARRIED NEVER MARRIED G. DATE OF BIRTH G. AGE Gg. yeorgood book of the control of working life, even if resired) G. DATE OF BIRTH G. AGE Gg. yeorgood book of the control of working life, even if resired) G. DUVORCED O.		, Md	

5 (3')

1	-501 70 17	96 BALTIMORE CITY	HEALTH DEPARTMENT		70 1700
BIR	IH NO.	CERTIFICA	TE OF DEATH	REG. NO	1796
	AME OF DECEASED	11		HOUR OF DEATH	
3, 1	PLACE IN BALTIMORE, MARYLAND, WHERE PR	DNOUNCED DEAD	14. USUAL RESIDENCE (Where	OPM te	ution: residence before odmission)
Ш	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR IN ADDRESS OR LOCATION)		C. CITY OR TOWN	Balto	1608 CITY LIMITS?
3 8	University Hosp	15%	E. STREET AND NUMBER	1 2.	ES NO D
5. S		RIED NEVER MARRIED	8. DATE OF BIRTH 19.		227
	Emale Negro WIDON	WED DIVORCED	7/3/22 108	f birthdoy)	Under 1 Yr. II Under 24 His.
S	USUAL OCCUPATION (Giv) kind of work 108, KIN during most of working life, even if refired) witch Board-Operator	D OF BUSINESS OR INDUSTRY	Maryland	country) 1	2. CITIZEN OF WHAT COUNTRY?
13.	ATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Dames Holt		Arleta Pay	ne	
(Yes	Ves Decessed Ever in U. S. Armed Forces? no or unknown) lif yes, give war or dotes of servi NO	215-14-7814	Mr. James Holt	711 Linnard	ADDRESS I Street
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying,	(A)IMMEDIATE CAU		EJema	
	heart failure, asthenia, etc. It means the dise	ase,	A CONSEQUÊNCE OF:		
	ANTECEDENT CAUSES	- P.1	. F.	6	
	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stoling UNDERLYING CONDITION last.	ring DUE TO, OR AS the	A CONSEQUENCE OF:	136145	
	II	(0/333333333333333333333333333333333333			
F	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	Alcoholis	m, Gout, Panche	,	Bleeding
ERTIFIC	19A-DATE OF OPERATION 19R CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A-AUTOPSYT (Yes or No.) 2	OB (F YES, WERE FIND N CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off elc.)	or obout 21 C. WHERE DID	(If In Boltimore Cit	ty, give exect location)
MED	PID-TIME (Month) (Doy) (Year) (Hour) APPROX.)	While At Not While Work At Work	21F. HOW DID INJURY	OCCUR	
	2. I certify that (1) (this hospital) attended the (1) (ve) last saw the deceased alive		/	70 to 3/	19 70
	and have and from the causes stated above 34,519NATURE		lew the bady after death.		/
4	In seem	DEGREE Phys	Med. Stal	F. 🕒 238	DATE SIGNED
	MAME (Type) Thest Sears	ME I	3D. ADDRESS	GBNB 2	it was
24A	BURIAL CREMATION, 248, DATE 240 REMOVAL (Specify)	DEGREE	MATORY 24D, LOCA	City, to	own, or county) (Stote)
		Arbutus Memorial		imore Co.,	Md
FE	20 1010	AE OF BGISTEAR	Nutter Funeral	Home 3035 \	W- North Avenue
VS 1	50-REV. 1/1/68				



FUNERAL DIRECTOR:

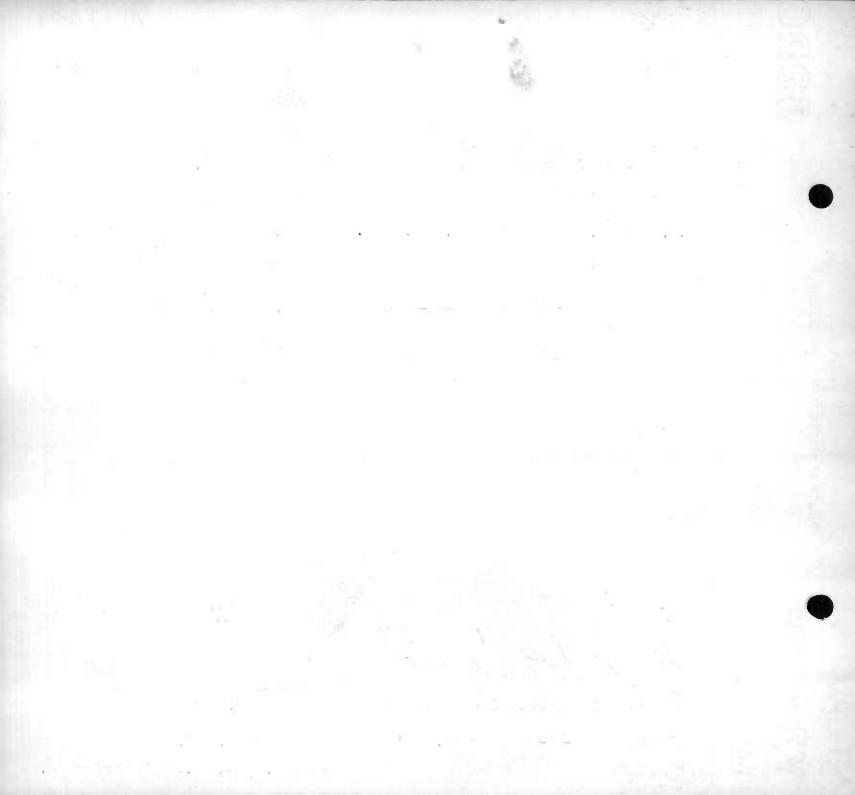
WI-623 70 1797	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	70 1797
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
WRIGHT, ARTHUR A.		FEBRU	IARY 12, 197	0 4:30 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	e deceased lived. If institut	on; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND /	D. INSIDE C	300 21076
ST AGNES HOSPITAL		HANOVER E. STREET AND NUMBER	YES	
40		BOX 122		
MALE NEGRO 7. MARR	ZED DIVORCED X	07 27 2 8	lost birthdoy) Mo	Under 1 Yı. If Under 24 Hrs nths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even il retired) Custodian	OF BUSINESS OR INDUSTRY	MARYLAND		CITIZEN OF WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
ALFRED WRIGHT		,		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or doles of service)	1 6. SOCIAL	Virgie O. C		- ACORES
Yes, no or unknown! Illi yes, give wor or doles of service. Rorean		- 1 ₂ -1	we will have been	CONTRACTOR OF OCC.
18. / 7/ 9 I	219228415 CAUSE OF DEAT	Mr. Alfred Wri	aur Rox 155 H	anover, Md
DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, a heast foiluse, asthenio, etc. If means the disectiniusy or camplication which caused death.) ANTECEDENT CAUSES	(A) IMMEDIATE CAU DUE TO, OR AS	SE ALUG PANCA CONSEQUENCE OF:	realitis	***************************************
DISEASES OR CONDITIONS, if any, giv rise to the above cause (A) stating UNDERLYING CONDITION last.	ing (B) DUE 10, OR AS	A CONSEQUENCE OF:	Lly	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG AL			
19A-DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	NO	20B, IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C, WHERE DID	(If In Boltimore City,	give exoct location)
OF INJURY (APPROX.)	While At Not While Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (X(this haspital) attende		BRUARY 8. 1	70 to FERRII	ARY 12, 19 70
that XIX(we) last sow the deceased alive o	FEBRUARY 12	19 70 and the	t in (%) (our) opinion	death accurred an the dat
and haur and from the causes stated above	XXX (Me) (qiq) (XXXXX vi	ew the bady after death.		
J. Harry	Atter DEGREE Phys.	ding Med.		12/70
SALVADOR QUI	ROZ	ST AGNES HOSP	BALTIMO	
4A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME OF CEMETERY OF CRE			n, or county) (Stote)
Burial 2/16/70	Baltimore, Nation		timore,	Md
FFB 16 1970 (Valley E. Very	OF REGISTRAR	25C. FUNERAL DIRECTOR	l Hama COOT 19	ADDRESS
LEDIO MIA		Nutter Funera	1 Home 3035 W	. North Avenue

and the state of t ALL DESCRIPTION OF THE PERSON entic tinteren e uit ein opinionen en en genomen gen i en en en en e

The section of

FUNERAL DIRECTOR: IMPORTANT

7	'70	1708	BALTIMORE CITY	HEALTH DEPARTMENT		יייי	1798
7-600 BIRTH NO.	.0	1130	CERTIFICA	TE OF DEATH	REG. NO	70	1130
1. NAME OF DEC	Joseph Lew	ris			and hour of death		11:00 A ^
3. PLACE IN BAL	TIMORE MARYLAN	D, WHERE PRONOUP	CED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If	institution: resider	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO	OSPITAL OR INSTITUT	TON, GIVE STREET	Maryland		SIDE CITY LIMITS	202
Vet		nistration en Boulevar		Baltimor		YES X	NO 🗌
		ryland 2121		30/15 St	Paul St.		
S. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Y Months: Doy	r. If Under 24 Hrs s Hours Min.
Male	White	WIDOWED	DIVORCED	11, BIRTHPLACE (Stote or f	74		OF WHAT COUNTRY
	working life, even if ret	ired)	ic. Bev. Ass		oleigh dodnin,	US	
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME		
Iulius				Mamie Seig			
15. Was Deceased (Yes, no or unknown) Yes	Ever in U. S. Arme (If yes, give wor o	r dotes of service)	6. SOCIAL SECURITY NO.	VA Hospital Baltimore, M	Records		DRESS
1B	1/1/1	1/ 20/ 1/ 2	CAUSE OF DEAT		aryranu zizi	API	PROXIMATE INTERVAL
(This daes n heart failure, injury ar carr	SE OR CONDITION LEADING TO DE nal meon the mad asthenia, etc. It m pplication which ca ANTECEDENT CA	ATH e of dying, e.g., ecans the disease, sused death.)	(A) IMMEDIATE CAL DUE TO, OR AS	Bronchogeni A CONSEQUENCE OF:	c Carcinoma	i betwee	7 months
rise to the	OR CONDITIONS, e abave cause G CONDITION 10s	(A) slating the	DUE TO, OR AS	A CONSEQUENCE OF:			
TO THE DEAT	II FICANT CONDITIONS IH BUT NOT RELATED CONDITION GIVEN IT	TO THE TERMINAL				/	
19A. DATE OF	OPERATION 198.	CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or YES	IN CERTIFYING C	FINDINGS CON AUSES OF DEAT ES	NSIDERED 'H?
OR CONTRIBU	NT WAS UNDERLY! UTING CAUSE OF medicol exominer)	NG 218, P home, etc.)	LACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exo	ct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (NJURY OCCURRED Not While At Work	21F. HOW DID	NJURY OCCUR?		
that (f) (we)	last saw the dec	pital) attended the	deceased from F ebruary 12th	ebruary 10th 19 70 and iew the body after deat	that in py) (aur) as	bruary 12	curred an the da
	n.k	de l	MAD AHO	nding Med.	Staff (se)		
23C. PHYSICIA NAME (T	ANS Typel	porter	OLOREL		och Raven Bo		/ 10
24A. BURIAL CRE	MATION, 24B. DAT	TE 24C. NA	ME of CEMETERY OF CRI		LOCATION (City, town, or con	unity) (Stote)
Buria	1 2-1		lto. Nat'l	B	alto., Md.		
25A. DATE REC'D			GISTRAR	25C. FUNERAL DIRECT	Ruck, Inc.,		ord Rd.
24A. BURIAL CRE REMOVAL (S Buria	ALD S. MATION, 24B. DAT Specify! 2-1	.6-70 Bs	WE of CEMETERY OF CRI	Baltim EMATORY 24D 25C. FUNERAL DIRECT	ore, Marylan (alto., Md.	d 21218 City, town, or con	ADDRES:



C 25	70	1799	BALTIMORE CITY	HEALTH DEPARTME		70 1799
BIRTH NO.		3	CERTIFICA	TE OF DEAT	TH REG. NO	1,00
1. NAME OF DE (Type or Print)	SAMUEI.	R. SI	JTTON		eb. 11, 1970.	930 0.
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD		E (Where deceased lived, II i	institution: residence bolore admission
FULL NAME OF	F (IF NOT IN HOSPIT) ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Md. c. city or town Baltim	D. IN	SIDE CITY LIMITS?
44	Union Memor	ial Hosp	oital	E. STREET AND NUM	BER	yon Avenue
S. SEX	6. RACE	7. MARRIED 5	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
Male	White	WIDOWED	DIVORCED		898 lost birthdoy 71	Months Days Hours Min.
	CUPATION (Give kind of work of working lile, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired		Trusco	Co.	Maryl	and	USA
3. FATHER'S NA				14. MOTHER'S MAIDE	N NAME	18194
	Jeremiah	Sutton			Bertha	Poole
S. Wos Deceose	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no of unknow	vn) (If yes, give wor or dote	s of service)	212-07-7961	Mrs. Thelma	N. Sutton	(Same)
18. ///	091		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
heart failure injury ar co DISEASES rise to 1	nal mean the made at a, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION last,	the disease, death.)	QUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
TO THE DEA	II IIFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL	Happ	o-thagro	iliens	10 years
O 19A. DATE O	OF OPERATION 198. CON WAS PERF		HICH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DENTING CAUSE OF		PLACE OF INJURY (e.g., in , form, foctory, street, of	n or obout 21 C. WHERE fice bldg., INJURY OCC	DID (If in Boltimo	ore City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
OF INJURY		While				
22 1			7 -	104111 0	1968 to F-6	·6// 1970
	y that (1) (this hospital			WW		
	e) last saw the decease					olnian death accurred on the do
	nd from the couses stat	ed obave. (I)	(We) (##) (did not) v	iew the bady ofter d	eoth.	Total BASE CIONES
23A. SIGNAT	1500	1	Atte	nding Med.	Staff	23B, DATE SIGNED
	af Julyn	1.	GEGREE Phys	s. Director	Phys.	2/13/70
NAME		NUR.	M.D.	4808	Hargord R	d. Buto nud
AA. BURIAL CA	REMATION, 24B. DATE	24C, NA	ME of CEMETERY OF CRE	MATORY	24D. LOCATION (C	City, town, or county) (State)
Buria	7 2/14/7	O. More	aland Memoria	1 Cemetery	Baltimore	, Md.
ZSA. DATE WEC	THEALTH DENT	258. NAME D	BEGISTRAR	Leonard		Balto. Md. 21214
/S 150-REV. 1/1	310	9 7	7 0 0 0		1, 1,000	CONTROL THE CACAL
13 130-KEV. 1/1	/ 00	1				

.

VS 150-REV. 1/1/68



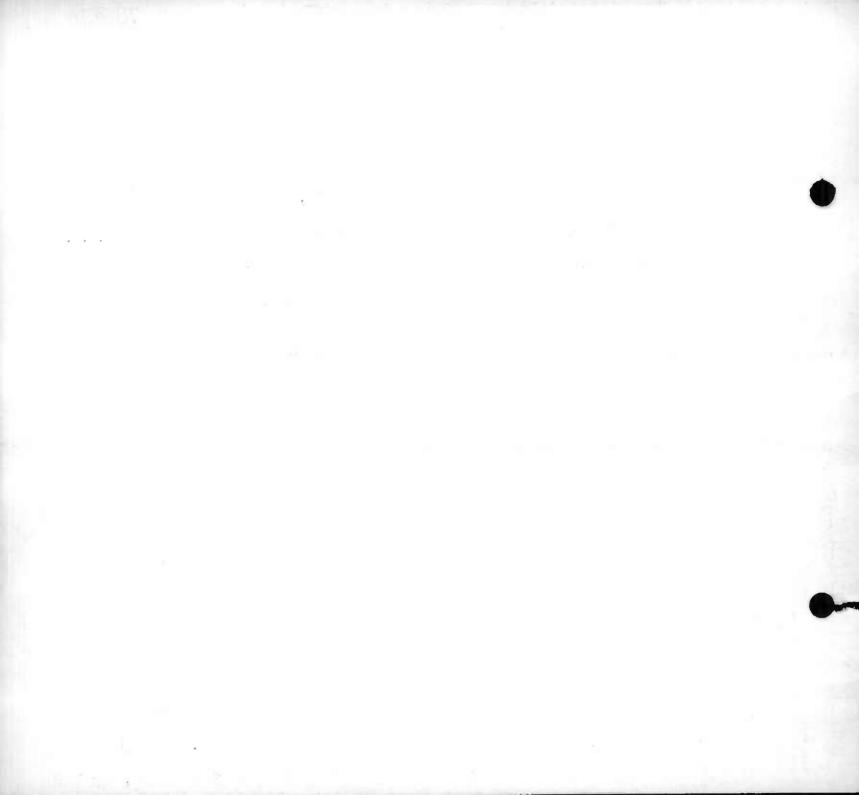
C-416	20			Y HEALTH DEPARTMENT		70 1801
BIRTH NO.		1861	CERTIFICA	ATE OF DEATH	REG. NO	1001
1. NAME OF DECEAS		Roland (Colburn		eb. 13, 1970	
3. PLACE IN BALTIM	ORE MARYLAND, V	WHERE PRONOU	NCED DEAD		nere deceased lived. Il	institution: residence before admission
FULL NAME OF	IIF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUT	ON. GIVE STREET	Md.	11411	2412
HOSPITAL OR				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	lic Health		Hospital	Baltimore		YES NO
0013100 MA	man Parkwa	y		E. STREET AND NUMBER		
5. SEX 6. 1	RACE	17 63		3014 Bever		4 19
M	W	WIDOWED		5/11/95	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
done during most of work Retire	ing life, even if retired)	1	usiness or industri inter	Md.	reign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	a (1-31)			14. MOTHER'S MAIDEN NA		
Thoma	s Colburn			Mary Mc Abee	9	
15. Was Deceased Eve (Yes, no or unknown) (If	e In U. S. Armed For	rces?	6. SOCIAL	17. INFORMANT		ADDRESS
The state of the s			SECURITY NO.	Records_ US	PHS Hospit	al, Balto, Md.
18. ///2	3		CAUSE OF DEAT	TH		APPROXIMATE INTERVAL
DISEASE C	R CONDITION DI	RECTIV				BETWEEN ONSET AND DEAT
	DING TO DEATH	NEC 121	201	USE Cardine	10 L	
(This does not a	mean the mode of	dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	anes.	************
heart failure, astl	enia, etc. It means	the disease,	DUE 10, OR AS	A CONSEQUENCE OF:		
	ation which caused			1	Λ	
	ECEDENT CAUSES		(B) C020	may hend	dirone.	
DISEASES OR	CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
UNDERLYING CO	bave cause (A)	slating the	(c)			
	11		(6/			
OTHER SIGNIFICAL	NT CONDITIONS CO	NTRIBITING	D			-
TO THE DEATH BU	IT NOT RELATED TO T	HE TERMINAL	Par	yligen		
U ITOA DATE OF ON	ITION GIVEN IN PAR	DITION FOR WE	ICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208 IF YES WERE	FINDINGS CONSIDERED
THE OPENIE OF OF	WAS PER	FORMED		nu-	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
OR CONTRIBUTION	VAS UNDERLYING	21 B, PI home, elc.)	ACE OF INJURY (e.g., form, foctory, street, o	ffice bldg. INJURY OCCUR?	(If In Bollimo	re City, give exect location)
	onth) (Doy) (Yeor)	1,000	NJURY OCCURRED	235 110 215 110		
OF INJURY	Jimi (Doy) (1eon		At OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Work	At Wark	"L		
22. I certify that	(I)(this hospital) attended the	deceased from F	eb. 10	19 70 to Feb	13 19 70
that (I) (we) las	t saw the decease	d alive on	Feb. 13	1970and t	hat In (my) (our) and	nion death occurred an the dat
,						and the second of the second
	m the causes stat					
23A. SIGNATURE	m the causes stat	rea abave, XI)	יייסין קטובן קטונין יייי	view the body after death.		220 DATE SIGNED
23A. SIGNATURE	m the causes stat	A A				23B, DATE SIGNED
Ph	m the causes state	Elm	DEGREE Phy	ending Med. Director	Stoff XX	23B, DATE SIGNED 2/13/70
23C. PHYSICIAN'S NAME (Type)	the causes stated in the philip	Uhr	DEGREE Phy	ending Med. Director 230- ADDRESS		2/13/70
23C. PHYSICIAN'S NAME (Type)	Philip	Elmo P LIFF 24C. NAN	DEGREE Phy DEGREE DEGREE DEGREE DEGREE DEGREE DEGREE DEGREE DEGREE DEGREE	ending Med. Director 230. ADDRESS	Staff Phys:	2/13/70
23C. PHYSICIAM'S NAME (Type) 24A. BURIAL CREMAT REMOVAL (Speci	Phi li	Elmo 2 LIFF 24C. NAN	MAN DEGREE Phy DEGREE DEGREE DEGREE DEGREE DEGREE DEGREE DEGREE DEGREE DEGREE	ending Med. Director 23D. ADDRESS 3/00 W Y	Stoff No.	2/13/70 D. Salto
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMAT REMOVAL (Speci	Ph: 11 / Ph: 11 / 100, 248. DATE (y) 2/16/70	Elmo P ZIFF 24C. NAM D	DEGREE Phy DEGREE DEGREE	Andrew Med. 23D. ADDRESS 3100 W Y EMATORY Particular Services	Stoff Ax PA OR CO.	2/13/70 Do: Sal 70 ity, town, or county) IState!
23C. PHYSICIAM'S NAME (Type) 24A. BURIAL CREMAT REMOVAL (Speci	Ph: 11 / Ph: 11 / 100, 248. DATE (y) 2/16/70	Elmo 2 LIFF 24C. NAN	DEGREE Phy DEGREE DEGREE	ending Med. Director 23D. ADDRESS 3100 W Y EMATORY 24D. 25C. FUNERAL DIRECTO	Stoff Phys. C.	2/13/70 Do Sal 70 illy, town, or county) ISlatel ADDRESS
23C. PHYSICIAM'S NAME (Type) 14A. BURIAL CREMAT REMOVAL (Speci	Ph: 11 / Ph: 11 / 100, 248. DATE (y) 2/16/70	Elmo P ZIFF 24C. NAM D	DEGREE Phy DEGREE DEGREE	Andrew Med. 23D. ADDRESS 3100 W Y EMATORY Particular Services	Stoff Phys. C.	2/13/70 Do Sal 70 illy, town, or county) ISlatel ADDRESS

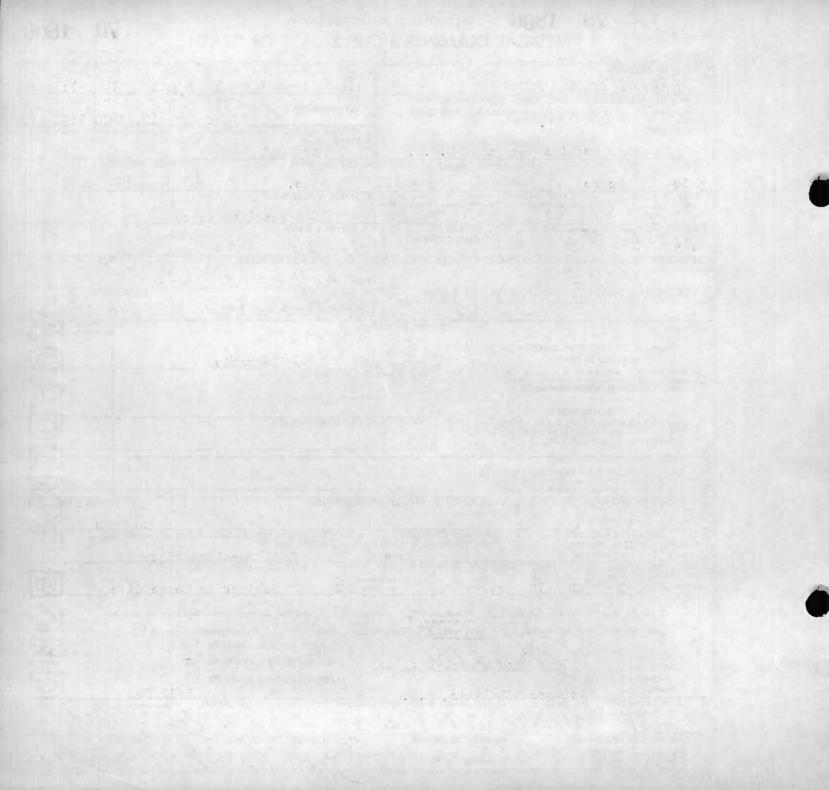
1 0	011	/		BALTIMORE CITY	HEALTH DEP	ARTMENT		70	1802
BIRTH	U-524		1802	CERTIFICA	TE OF D		REG. NO.	70	1002
Туре	ME OF DECEASE or Print)	Mildred		Wenzel		Febru	ary 9, 1970		8:08 P
FULI	L NAME OF	IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUTION)	UNION, GIVE STREET	A. STATE Marylan C. CITY OR TO Baltim E. STREET AN	md wn ore	D. INS	DE CITY LIA	706
S. SE	v 16.04	ACE	7		8. DATE OF BI		9. AGE (In years	If Haday	1 Yı, If Under 24
		aucasian	WIDOWED	NEVER MARRIED DIVORCED	Oct. 6		ost birthdoy	Months	1 Yı. If Under 24 Doys Hours Mir
		g life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (Stote or fore)		12. CITIZI	USA
13. F	ATHER'S NAME	charles W.	Hebbel		14. MOTHER'S	MAIDEN NAM a therine		,	
15. W (Yes,	No Deceased Ever	in U. S. Armed Fores, give wor or dote	s of service)	16. SOCIAL SECURITY NO. 213-32-0372	Mr. Fre		. A. Wenzel		Address Same
	LEA (This daes nat m heart failure, asth- injury ar camplico ANTE DISEASES OR C	R CONDITION DIF DING TO DEATH neon line made of enia, etc., it means tian which coused CEDENT CAUSES CONDITIONS, if baye cause (A)	dying, e.g., the diseose, deoth.)	(B) DUE TO, OR AS	Cleros is	ICE OF:	t	\$ (one week
ATION	TO THE DEATH BU	II IT CONDITIONS CO IT NOT RELATED TO TI ITION GIVEN IN PAR	T I (A).	(c)liabetes					
RTIFIC	9A. DATE OF OPE	WAS PER		WHICH OPERATION	20 A. AUTO	NO NO	208. IF YES, WERE IN CERTIFYING CA	USES OF D	EATH?
A P	21A. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING COLOR CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., i e, form, foctory, street, o	ffice bldg., INJU	WHERE DID RY OCCUR?	(If in Soltimor	e City, give	exoct locotion)
3	21 D. TIME (Mo DF INJURY (APPROX.)	onth) (Day) (Year)		INJURY OCCURRED Not While At Work	0	HOW DID INJ	URY OCCUR?		
t	thatA(J) (we) last	(I) (this haspital	d alive an		Jan 19 70 view the body	and the	9 69 to Fel at in(my) (aur) api	oruary	
	3A. SIGNATURE	500	41					23B, DATE	
2	23C. PHYSICIAN'S NAME (Type)	USW	on 4	GE GREE!	23D. ADDRESS	Med. Director	Staff Phys.	2/:	10/70
	Ε,	. Ellsworth		DEGREE		Maryland			
24A.	BURIAL CREMAT	ION 248 DATE	/ 24C.N.	AME of CEMETERY OF CR	EMATORY	24D. LO	OCATION (C	ity, town, or	county) (Sto
]	Burial (Special	2/12/	70 Lo	udon Park Cem	etery		Baltimore N		



VS 150-REV. 1/1/65

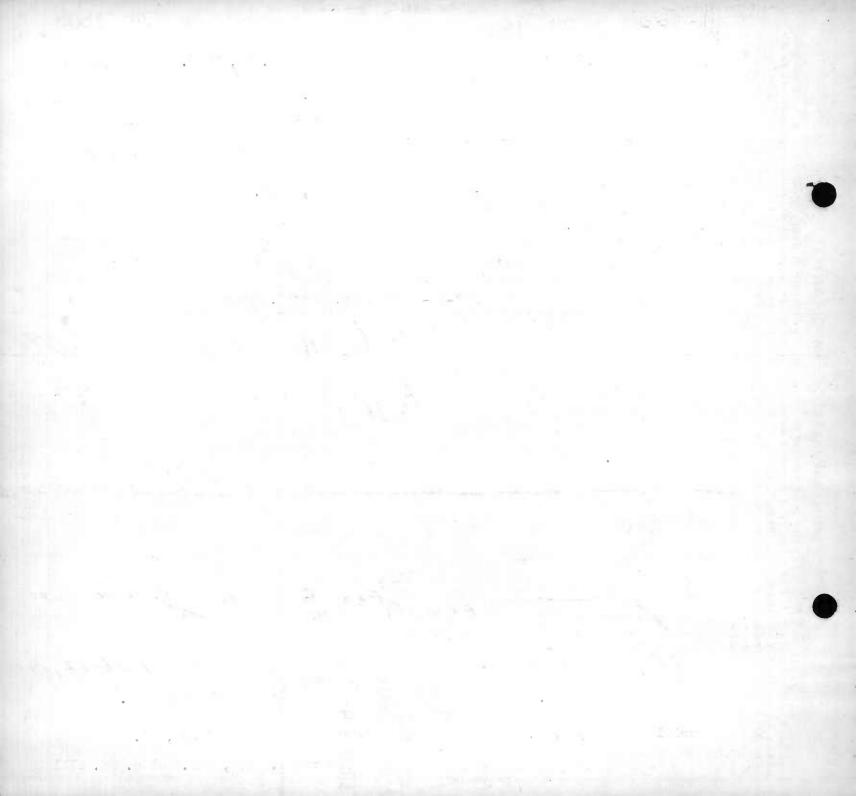
	S-620 70 1805		Y HEALTH DEPARTMENT	REG. NO.	70 1805
	I. NAME OF DECEASED	CERTIFICA	TE OF DEATH		
	(Type or Print) Louis J. Schenrich 2/10/70.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Wh	ere deceased lived If in	nstitutions residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2407 May field Rd. Balto, Md. 21213 5. SEX 6. RACE 17. MANSTER		A. STATE B. COU	NIT	831
			Balta	D. INS	YES NO
			E. STREET AND NUMBER		IES [] NO []
9			2407 May Sield H.		
is made.	WIDOWED!	NEVER MARRIED DIVORCED	March 13,1897	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
n	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if relired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
disposition	Retired Postal Clerk		Maryland		U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	August Scheurich		Barbara Maurer		
-	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
final	Yes WW 11	JECONIII NO.	Mrs Theresa Sc	heurich	Same
0	18. 153 9 1	CAUSE OF DEAT			APPROXIMATE INTERVAL
- 1	DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH	
Ĕ			SE Acute Respiratory Failure 1 hr.		
Ba	heart foliuse, osthemia, etc., It means the disease, injury or complication which caused death.)				
remains are embalmed					
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (B) Carcinoma of the colon c widespread DUE TO, OR AS A CONSEQUENCE OF: Introduction and 4 pulmonary metastases. 8 mos -				
	inse to the obove couse (A) stoling the UNDERLYING CONDITION lost.		dominal + pulmonary metastases: 8 mos =		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
9	DISEASE OR CONDITION GIVEN IN PART I (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 120A-AUTOPSY? (Yes or No)				
re th	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
ained before the	OR CONTRIBUTING CAUSE OF home, form, loctory, street, offi		or obout 21 C. WHERE DID (II In Boltimore City, give exact location)		
Pe	OF INJURY (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?	
E	(APPROX.) While	Not While	Not While At Wark		
ة	22. I certify that (I) (this has nital) attended the descend from Secretary 7 and 9				
0	thot (1) (we) last saw the deceosed olive on 2/10 19.70 and that In(my) (our) opinion death occurred on the date				
	and hour and from the couses stoted obove (1) (We) (did not) view the body after death.				
must	23A. SIGNATURE 23B. DATE SIGNED				
	E. Lee Cobbins mo	ing Med. Staff			
approval	23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS				
p	E. Lee Robbins 812 Mocking bird La. 21204-				
	24A. BURIAL CREMATION, 24B. DATE 24C.NAM	MATORY 24D. LO	OCATION (City	y, town, or county) (Stote)	
Written		ly Redeemer	10-	altimore. Ma:	
E	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	25C. FUNERAL DIRECTOR		ADDRESS	
}	FER 1 & 1970 R.C. & E. Jankey A	C.D.			imore, Maryland
12	/5 150-REV. 1/1/68			2010	THE PARTY INC.



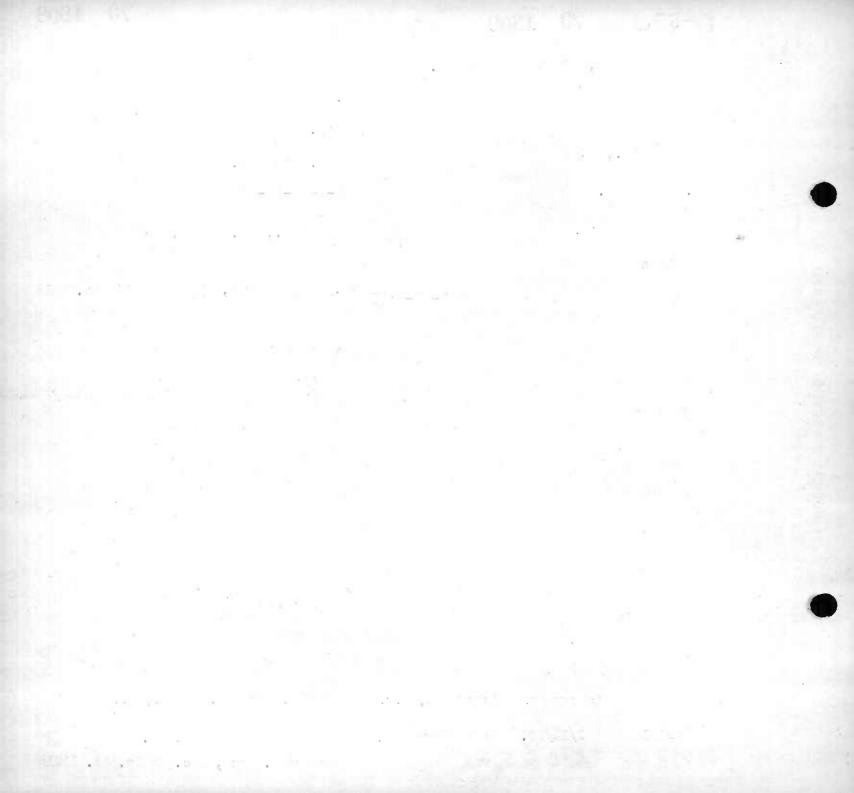


VS 151-REV. 1/1/68

525	-					70 1808	
) - JOY	70	1808	CERTIFICA	TE OF DEATH	REG. NO	1000	
IRTH NO.	ASED			2. DATE AN	D HOUR OF DEATH		
Type or Print)	GEORGE	HENRY I	DUNSING	Feb.	10, 1970.	12:30A	
. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (When		nstitution: residence before admissi	
ULL NAME OF	(IF NOT IN HOSPIT.	AL OR INSTITU	JTION. GIVE STREET	Md.		2.706	
HOSPITAL OR	SPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN D. INSIDE CITY LIMITS?			
(1)) /T		Baltimore	U.S.	YES 🔼 NO 🗌	
70 H	ouse in the H	Pines (D	selvedere)	E. STREET AND NUMBER	2111 Westf	ield Avenue	
	6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months! Doys Hours! Min.	
Male	White	WIDOWED	DIVORCED	July 26, 1892.	77	77.11	
	PATION (Give kind of work vorking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or forei	gn country)	12. CITIZEN OF WHAT COUN	
	Chauf feur			Maryland		USA	
3. FATHER'S NAM	AE			14. MOTHER'S MAIDEN NAM	ME		
	?	Dunsing			?	Hiltz	
	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
	(If yes, give wor or dote		213-10-4893A	Mrs. Mary E. Br	rown	(Same)	
					r OMIT		
18. 43	1,01		CAUSE OF DEAT	Н Л Л	1	APPROXIMATE INTERVA	
	E OR CONDITION DI	RECTLY	Con	Well Homes	hage.	3mon TY	
	at meen the made at	dying, e.g.,	(A) IMMEDIATE CAL		·····		
(This daes no heart failure,	at meen the made al asthania, etc. It means	the disease,		A CONSEQUENCE OF:	f		
(This daes no heart failure, injury or com	at meon the made at asthania, etc. It means plicotion which coused	the disease, deoth.)			f	1 402.	
(This daes no heart failure, injury ar cam	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES	the disease, deoth.)	DUE TO, OR AS	A CONSEQUENCE OF:		1 yr.	
(This does not heart failure, injury ar cam A DISEASES Orise to the	al meon the made al asthania, etc. II means plication which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A)	the disease, deoth.)				1 yr.	
(This does not heart failure, injury ar cam A DISEASES Orise to the	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if	the disease, deoth.)	DUE TO, OR AS	A CONSEQUENCE OF:		142.	
(This daes not heart failure, injury ar cam A DISEASES Orise to the UNDERLYING	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) is CONDITION last,	the disease, deeth.) ony, giving stating the	(B) DUE TO, OR AS	A CONSEQUENCE OF:		1 yr.	
(This does not heart failure, injury or com A DISEASES Orise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH	al meon the made al asthania, etc. Il means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last.	the disease, deoth.) ony, giving stating the NTRIBUTING HE TERMINAL	(B) DUE TO, OR AS	A CONSEQUENCE OF:		1 42.	
(This daes not heart failure, injury ar cam DISEASES Orise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last, IL CANT CONDITIONS CONDITIONS CONDITION GOVER LATED TO TO DODITION GIVEN IN PAR	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT 1 (A).	(B) DUE TO, OR AS	A CONSEQUENCE OF: Por Consequence of:		1 yz.	
(This daes not heart failure, injury ar cam DISEASES Orise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO	al meon the made al asthania, etc. Il means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last.	ony, giving slating the NTRIBUTING HE TERMINAL IT 1 (A).	(B) DUE TO, OR AS	A CONSEQUENCE OF:		1 yz.	
Control of the contro	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II CANTONDITIONS COMBUT NOT RELATED TO TI DONDITION GIVEN IN PAR OPERATION 198. CON WAS PERI	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). DITION FOR VERNED	(B) DUE TO, OR AS (C)	CONSEQUENCE OF: CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?	
CTHIS daes not heart failure, injury ar cam DISEASES Or rise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 199A. DATE OF CONTRIBU	al meon the made al asthania, etc. II means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II CANT CONDITIONS COMBUT NOT RELATED TO TOUR OPERATION 198. CON WAS PERI	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). DITION FOR VERNED	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, of	A CONSEQUENCE OF: CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?	
OTHER SIGNIFITO TO THE DEATH DISEASE OR COUNTRIBUTED TO THE DEATH OR CONTRIBUTED TO THE DEATH OR CONTRIBUTED TO THE DEATH OR CONTRIBUTED TO THE DEATH (notify)	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II CANTONDITIONS COMBUT NOT RELATED TO TILD PARTON DIVEN IN PARTONDITION GIVEN GIV	ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). DITION FOR MED 218, hometrical states and states are states and states are states ar	(B) DUE TO, OR AS (B) DUE TO, OR AS (C)	CONSEQUENCE OF: CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No nor about 21 C. WHERE DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?	
OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. ACCIDEN OR CONTRIBUDENT OF INJURY	al meon the made al asthania, etc. It means plicotion which coused NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last, II CANT CONDITION S COH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 198. CON WAS PERITURS CAUSE OF	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). DITION FOR NED 218, hometc	(C)	20A. AUTOPSY? (Yes or No ling) in or about 21C. WHERE DID injury occur?	208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?	
OTHER SIGNIFITOT TO THE DEATH DISEASE OR CONTRIBUTION OR CONTRIBUTION OF CONTR	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II CANTONDITIONS COMBUT NOT RELATED TO TILD PARTON DIVEN IN PARTONDITION GIVEN GIV	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). DITION FOR NED 218, hometc	(B)	20A. AUTOPSY? (Yes or No in or obout 21C, WHERE DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	re City, give exact location)	
OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF OR CONTRIBUDENT (APPROX.) 22. I certify	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last, II CANT CONDITION S COH BUT NOT RELATED TO TI DONDITION GIVEN IN PART OPERATION 178. CANS PERI TWAS UNDERLYING TING CAUSE OF medical examinet) (Manth) (Doy) (Year)	ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). OHOMED 18 18 18 18 18 18 18 1	(B)	CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No ling) 21C. WHERE DID 1 1 1 1 1 1 1 1 1	208. IF YES, WERE IN CERTIFYING CA	re City, give exect location) Publication	
Control of the contro	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II CANTONDITION SCOH BUT NOT RELATED TO TI DONDITION GIVEN IN PAR OPERATION 1798. CON WAS PERI TWAS UNDERLYING TING CAUSE OF medical examines) (Manth) (Doy) (Year)	ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). OTHER OF THE TERMINAL IT I (A). OTHER OF THE TERMINAL IT I (A). OTHER OF THE	(B)	CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No ling) 21C. WHERE DID 1 1 1 1 1 1 1 1 1	208. IF YES, WERE IN CERTIFYING CA	re City, give exact location)	
(This daes not heard failure, injury ar cam DISEASES Or ise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR COLUMN TO THE DEATH DISEASE OR COLUMN TO THE DEATH (notify) 21.A. ACCIDEN OR CONTRIBUTED TO THE DEATH (notify) 21.A. TIME OF INJURY (APPROX.) 22. I certify that (1) 4 (1)	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II CANT CONDITIONS COMBUT NOT RELATED TO INDITION GIVEN IN PAR OPERATION 198. CONWAS PERION 198. CONWAS PERION (Manth) (Doy) (Year) that (I) (this hespital lost sow the decease	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). DITION FOR NED (Hour) 21E. White was a state of the decorate	(C)	20A. AUTOPSY? (Yes or No ling) in or obout 21C, where DID injury occur? 21F. How DID INJURY occur?	208. IF YES, WERE IN CERTIFYING CA	re City, give exect location) Publication	
OTHER SIGNIFITO THE DEATH DISEASE OR COLUMN OF THE DEATH DISEASE OR COLUMN OF THE DEATH DISEASE OR COLUMN OF THE DEATH OF THE DEATH OF THE DEATH (notify) 21 A. ACCIDEN OR CONTRIBUTED THE DEATH (notify) 21 A. TIME OF INJURY (APPROX.) 22, I certify that (I) 4 (1)	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. IL CANT CONDITIONS COME BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OPERATION 198. CON WAS PERION 198. CON WAS PERION (Manth) (Doy) (Year) thot (I) (this hespital lost sow the decease from the couses state	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). DITION FOR NED (Hour) 21E. White was a state of the decorate	(C)	CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No ling) 21C. WHERE DID 1 1 1 1 1 1 1 1 1	208. IF YES, WERE IN CERTIFYING CA	re City, give exect location) Publication	
OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. ACCIDEN OR CONTRIBUDEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) 46 ond hour and	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. IL CANT CONDITIONS COME BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OPERATION 198. CON WAS PERION 198. CON WAS PERION (Manth) (Doy) (Year) thot (I) (this hespital lost sow the decease from the couses state	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). DITION FOR NED (Hour) 21E. White was a state of the decorate	DUE TO, OR AS (B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	te City, give exact location) The City, give exact location is a second	
OTHER SIGNIFITO THE DEATH OF INJURY (APPROX.) 21. I certify that (1) 123. SIGNATURA (23. SIGNATURA)	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. IL CANT CONDITIONS COME BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OPERATION 198. CON WAS PERION (Manth) (Doy) (Year) that (I) (this hespital lost sow the decease from the couses state and the couse state and the couse state and the couse state and the couse state and the couses are considered and the couse state and	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). DITION FOR NED (Hour) 21E. White was a state of the decorate	DUE TO, OR AS (B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	re City, give exact location) The City, give exact location is a second	
OTHER SIGNIFITO TO THE DEATH DISEASE OR COLUMN TO THE DEATH OF INJURY (APPROX.) 22. I certify that (I) 100 and hour and 23A. SIGNATURE.	al meon the made al asthania, etc. II means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II CANTONDITIONS COMBUT NOT RELATED TO TI NOT RELATED TO TI NOT PRELATED TO TI NOT AUGUST CAUSE OF medical examines) (Manth) (Doy) (Year) that (I) (this hospital lost sow the decease from the couses stated.	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). IDITION FOR VIOLENTIAL IN IT I (A). OTHER OF THE STATE	DUE TO, OR AS (B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or No nor about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	URY OCCUR? In (my) Lour) opi	re City, give exect location) PL-10 1970 Inlan death occurred an the december 12,19	
OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19 A. DATE OF OR CONTRIBU DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) 10 ond hour and 23A. SIGNATURE OF THE OR CONTRIBUTE OF INJURY (APPROX.)	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. IL CANT CONDITIONS COME BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OPERATION 198. CON WAS PERION (Manth) (Doy) (Year) that (I) (this hespital lost sow the decease from the couses state of the couse of the couses of the couses of the couses of the couse of the couses of the couse of the couses of the couses of the couse of the couses of the couse of the c	the disease, deoth.) ony, giving stating the MIRIBUTING HE TERMINAL IT I (A). OTHER HE TERMINAL IT I (A).	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form, foctory, street, of the deceased from the decease	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? A Med. Director	208. IF YES, WERE IN CERTIFYING CA (If in Boltimo URY OCCUR? 19 70 to	Te City, give exect location) PU- 10 1970 Inlan death occurred an the december 12,19 Apts.	
OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19A. DATE OF DEATH OF INJURY (APPROX.) 21A. ACCIDEN OR CONTRIBU DEATH (notify 17 The DEATH (notify 18 The DISEASE OR CO. 19A. DATE OF INJURY (APPROX.) 22. I certify that (I) 46 ond hour and 23A. SIGNATURE OF INJURY (APPROX.)	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. IL CANT CONDITIONS COME BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OPERATION 198. CON WAS PERIOR (Manth) (Doy) (Year) that (I) (this hespital lost sow the decease from the couses state of the couse of the couses state of the couses state of the couse of the couses state of the couse of th	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). DITION FOR VECTOR (Hour) 21E. White Model of the decided of the decided obove. (In the decided obove.)	DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in the control of	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA (If in Boltimo URY OCCUR? 19 70 to for opi of In(my) Lour) opi Shoff Phys. Marylander OCATION (C	Inlan deoth occurred an the depth of the state of the sta	
OTHER SIGNIFITOT TO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBUDEATH (APPROX.) 22. I certify that (I) the ond hour and 23A. SIGNATU	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. II CANT CONDITIONS COMBUT NOT RELATED TO THE LATED	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). DITON FOR NED 218. hom etc.) (Hour) 21E. Whit work was a state of the decorate of the decora	DUE TO, OR AS (B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or No nor obout 21C, WHERE DID flice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA (If in Boltimo URY OCCUR? 19 70 to	Inlan deoth occurred an the december of the last signed for the la	
OTHER SIGNIFITOT TO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBUDEATH (APPROX.) 22. I certify that (I) the ond hour and 23A. SIGNATU	al meon the made al asthania, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last. IL CANT CONDITIONS COME BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OPERATION 198. CON WAS PERIOR (Manth) (Doy) (Year) that (I) (this hespital lost sow the decease from the couses state of the couse of the couses state of the couses state of the couse of the couses state of the couse of th	the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). DITION FOR VECTOR (Hour) 21E. White Model of the decided of the decided obove. (In the decided obove.)	DUE TO, OR AS (B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or No CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No Diffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA (If in Boltimo URY OCCUR? 19 70 to	Inlan deoth occurred an the depth of the state of the sta	



F. We WIDOWED DIVORCED XXX-3-14-25 44 Month 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) NONE 13. FATHER'S NAME Tilden Bennett Laura Tolson 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	/307 YLIMITS? X NO []
1. NAME OF DECEASED (Type or Print) Bennett, Miss Florence E. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION Keswick Home for Incurables of Balto., City 6. SEX Borece To Married Never Married Never Married Never Married New Widowed Divorced Notes of Notes o	Y LIMITS? NO No nder 1 Yr. If Under 24 Hrs. his Doys Hours Min.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION Keswick Home for Incurables of Balto., City T. MARRIED NEVER MARRIED W. WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) NONE 13. FATHER'S NAME Tilden Bennett Laura Tolson 14. MOTHER'S MAIDEN Laura Tolson 15. Was Deceased Ever in U. S. Armed Forces?	Y LIMITS? NO 11 nder 1 Yr. If Under 24 Hrs. his Doys Hours Min.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Keswick Home for Incurables of Balto., City MD. C.CITY OR TOWN Balto. E. STREET AND NUMBER 700 W. 40th St. 212 S. SEX G. RACE W. WIDOWED DIVORCED IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)) NONE 13. FATHER'S NAME Tilden Bennett Laura Tolson 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL MD. C.CITY OR TOWN Balto. P. MD. O. INSIDE CITY Balto. F. DATE OF BIRTH O. AGE (in years in U. Month Month AMD. 12. C. 14. MOTHER'S MAIDEN NAME Laura Tolson	NO Inder 1 Yr. If Under 24 Hrs. hs; Doys Hours Min.
Keswick Home for Incurables of Balto., City Restriction Balto. E. STREET AND NUMBER 700 W. 40th St. 212 B. DATE OF BIRTH S. AGE (in years birthday) WIDOWED DIVORCED XXX-3-14-25 DATE OF BIRTH D. AGE (in years birthday) WIDOWED DIVORCED XXX-3-14-25 DATE OF BIRTH D. AGE (in years birthday) Month Month Month Month Balto., MD. 3. FATHER'S NAME Tilden Bennett Laura Tolson S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	NO Inder 1 Yr. If Under 24 Hrs. hs; Doys Hours Min.
Balto, City E. STREET AND NUMBER Comparison of the control of	11 nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
F. W. NONE	nder 1 Yr. If Under 24 Hrs. hs: Doys Hours Min.
F. W. MARRIED NEVER MARRIED XXX - 3-14-25) NONE NONE	hs Doys Hours Min,
F. W. WIDOWED DIVORCED XXX-3-14-25) 44 10.A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) NONE 12. C Balto., MD. 13. FATHER'S NAME Tilden Bennett Laura Tolson S. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	
NONE Balto, MD. 3. FATHER'S NAME Tilden Bennett S. Wos Deceased Ever in U. S. Armed Forces? 10. SOCIAL T. INFORMANT	ITIZEN OF WHAT COUNTRY
3. FATHER'S NAME Tilden Bennett Laura Tolson S. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	USA
S. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	
S. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT Was a cone Elfroy 2510 Files.	
Yes, no or unknown) (If yes, give wor or dotes of service) C217-01-6633 Mrs. Agnes Elfrey, 3512 Ellers	ie Ave.21218
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHI	GS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF No. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF No. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF No. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF No. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF No. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF No. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF No. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 2	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, factory, street, office bldg., NJ URY OCCUR? etc.)	give exact location;
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work Not While At Work	
22. I certify that (1) (this haspital) attended the deceased fram 1 Sing 19 6 to 11 to	19 (0)
that (1) (we) last sow the deceased olive on 11 7ef 19 70 ond that in (my) (our) opinion d	eath accurred an the dat
and hour and fram the causes stoted abave. (1) (We) (did) (id not) view the bady after death.	
	Ref 1970
the trees do by bright the DEGREE Phys. Director Phys.	
23C. PHYSICIAN'S NAME (Type)	1d. 21211
23C. PHYSICIAN'S NAME (Type) Aubrey Dr. Richardson, M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, tow	1d. 21211 n, or county) (Stote)
23C. PHYSICIAN'S NAME (Type) Aubrey Dr. Richardson, M.D. 700 W. 40th St. Balt., M.	



	AME OF DECE	ASED	EARL	0.	KORNRUMPF	2, DATE AN Februa	ary 10, 197	70.	5 P
3. F	PLACE IN BALT	IMORE MAR	YLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If		sidence before odmis
						A. STATE B. COUN	Caroline	9	5500
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			C. CITY OR TOWN		ISIDE CITY LIA	MITS?		
11113		Harford Gardens Nursing Home			Greensboro YES NO X				
7	10	Harford	Garde	ns Nu	rsing Home	E. STREET AND NUMBER	Terrain		
5. s Ma	ale	6. RACE White		7- MARRIE	D NEVER MARRIED DIVORCED		9. AGE (In years lost birthdoy) 76	If Under Months	1 Yr. If Under 24 Doys Hours M
				108, KIND		11. BIRTHPLACE (State or forei	gn country)	12. CITIZ	EN OF WHAT COU
	e during most of w Retired					Maryland			USA
13.	FATHER'S NAM		-			14. MOTHER'S MAIDEN NAM		0 1	
		Geo	rge C.	Korm	rumpf		Frances	s Scot	t
15. V (Yes	Wos Deceosed	Ever in U. S. (If yes, give	Armed Ford	es? s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS Bal
	No	, 5				Mrs. Ruth Edwa	ards, 3804 E	Frankfo	rd Ave. M
	1B. Z.	0.01		100	CAUSE OF DEAT	Н			APPROXIMATE INTERVETWEEN ONSET AND
	heart foilure, o	osthenio, etc. olication which NTECEDENT R CONDITIO	Il meons th caused CAUSES ONS, if c	deoth.) ony, givin	(B)	A CONSEQUENCE OF:			
ATION	heart foilure, of injury ar camp A DISEASES OF tise to the UNDERLYING OTHER SIGNIFICATION THE DEATH	osthenio, etc. olication which NTECEDENT R CONDITION above ca CONDITION II CANT CONDIT	It means the caused CAUSES DNS, if a use (A) I lost.	the diseas deoth.) ony, givin stating th	(B)	A CONSEQUENCE OF:			
RTIFICATION	heart foilure, cinjury ar camp A DISEASES OF rise to the UNDERLYING	osthenio, etc. plication which intecedent R CONDITION above ca CONDITION II CANT CONDITION BUT NOT REI NOTITION GIV	It means the caused CAUSES ONS, if a use (A) I lost.	the diseas deoth.) ony, givin stating the NTRIBUTING BE TERMINA 1 1 (A). OITION FOR	(B)	A CONSEQUENCE OF:	208. IF YES, WERI IN CERTIFYING C	E FINDINGS	CONSIDERED DEATH?
CAL CERTIFIC	heart foilure, of injury ar camp A DISEASES OF TISE TO THE UNDERLYING OTHER SIGNIFIT OTHE DEATH DISEASE OR CO	osthenio, etc. olication which NTECEDENT R CONDITION above ca CONDITION II CANT CONDITION BUT NOT RELE ONDITION GIV OPERATION T WAS UNDITING \(\) CAUS	II meons th caused CAUSES ONS, if couse (A) I lost. CIONS CON ATED TO THE EN IN PART 198. CONI WAS PERF	the diseas deoth.) ony, givin stating the NTRIBUTING ETERMINA I (A). DITION FOR ORMED	(B)	A CONSEQUENCE OF:	IN CERTIFYING C	AUSES OF D	CONSIDERED EATH?
CAL CERTIFIC	DISEASES OF THE DISEASE OF CONTRIBUTE OF CON	osthenio, etc. olication which NTECEDENT R CONDITION above ca CONDITION II CANT CONDITION BUT NOT RELE ONDITION GIV OPERATION T WAS UNDITING \(\) CAUS	II meons th caused CAUSES DNS, if couse (A) N lost. IONS CON ATED TO THE N IN PART 198. CONI WAS PERF ERLYING SE OF	the diseas deoth.) ony, givin stating the NTRIBUTING SE TERMINA 1 1 (A). OITION FOR ORMED	(B)	20 A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltim	AUSES OF D	PEATH?
DICAL CERTIFIC	DISEASES OF THE UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19 A. DATE OF 21 A. A CCIDEN OR CONTRIBUT DEATH (nohify	osthenio, etc. olication which NTECEDENT R CONDITIC above ca CONDITION II CANT CONDITION I BUT NOT REI NOTITION GIV OPERATION T WAS UNDITION CAU medicol exomi	II meons th caused CAUSES DNS, if couse (A) N lost. IONS CON ATED TO THE N IN PART 198. CONI WAS PERF ERLYING SE OF	the diseas deoth.) ony, givin stating the NTRIBUTING SETEMINA IT (A) DITION FOR ORMED (Hour) 2' V	(B)	20 A. AUTOPSY? (Yes or No	(If in Boltim	AUSES OF D	PEATH?
MEDICAL CERTIFIC	DISEASES OF TISE TO THE SIGNIFIC TO THE DEATH DISEASE OF CO. 21A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.)	osthenio, etc. bication which NTECEDENT R CONDITION GLOVE CA CONDITION II CANT CONDITION II BUT NOT RELEVANT OPERATION T WAS UNDITION GLOVE TING CAUSE medical examin (Month) (Do	II meons th caused CAUSES DNS, if couse (A) N lost. CIONS CON ATED TO THE EN IN PART 1798. CONI WAS PERF ERLYING SE OF Iner) y) (Yeor)	the diseas deoth.) ony, givin stating the NTRIBUTING HE TERMINA I I (A) DITION FOR ORMED (Hour) 2' V	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) CONTROL OF INJURY (e.g., one, form, foctory, street, one,) (E. INJURY OCCURRED While At Not White At Work The decease of fram	20A. AUTOPSY? (Yes or No in or obout 121C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	AUSES OF D	e exoct location)
MEDICAL CERTIFIC	DISEASES OF TISE TO THE SIGNIFIC TO THE DEATH DISEASE OF CO. 21A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.)	osthenio, etc. olication which NTECEDENT R CONDITION CANT CONDITION BUT NOT REL NOTITION GIV OPERATION T WAS UNDITION GIV OPERATION (Month) (Do	Il meons ch caused CAUSES DNS, if cuse (A) N lost. IONS CON. ATED TO THE EN IN PART 198. CON! WAS PERF ERLYING SE OF iner) y) (Yeor)	the diseas deoth.) ony, givin stating the NTRIBUTING SETERMINA TO A SETE SERVINA CONTRIBUTION FOR ORMED (Hour) 2' V V V V V V V V V V V V V V V V V V	(B)	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	nore City, give	exact location)
MEDICAL CERTIFIC	DISEASES OF THE PROPERTY OF TH	psthenio, etc. psthen	It means the caused CAUSES DNS, if cause (A) It lost. ITONS CON. ATED TO THEN IN PART 1998. CONIWAS PERF ERLYING SE OF inner) hospital;	the diseas deoth.) ony, givin stating the NTRIBUTING HE TERMINA I 1 (A). OITION FORMED (Hour) 2' V V V V V V V V V V V V V V V V V V	(B)	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	nore City, give	PEATH?
MEDICAL CERTIFIC	DISEASES OF THE PROPERTY OF TH	psthenio, etc. psthen	It means the caused CAUSES DNS, if cause (A) It lost. ITONS CON. ATED TO THEN IN PART 1998. CONIWAS PERF ERLYING SE OF inner) hospital;	the diseas deoth.) ony, givin stating the NTRIBUTING HE TERMINA I 1 (A). OITION FORMED (Hour) 2' V V V V V V V V V V V V V V V V V V	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) DUE TO, OR AS (C) CONTROL OF INJURY (e.g., one, form, foctory, street, one, one, form at Work (I) (We) (did) (did not)	20 A. AUTOPSY? (Yes or No. in or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	(If in Boltim	pinlan death	exact location) 19 70 h accurred an the
MEDICAL CERTIFIC	DISEASES OF THE UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19 A. DATE OF 21 A. ACCIDEN OR CONTRIBUT DEATH (nohify 21 D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (was) ond haur and 23 A. SIGNATURE	Desthenio, etc. Discation which NTECEDENT R CONDITION CONDITION CANT CONDITION CANT CONDITION THE CONDITION TWAS UNDITION CIV OPERATION TWAS UNDITION CONDITION CIV OPERATION (Month) (Do thot (1) (this last saw the fram the ca	It means the caused CAUSES DNS, if cause (A) It lost. ITONS CON. ATED TO THEN IN PART 1998. CONIWAS PERF ERLYING SE OF inner) hospital;	the diseas deoth.) ony, givin stating the NTRIBUTING HE TERMINA I 1 (A). OITION FORMED (Hour) 2' V V V V V V V V V V V V V V V V V V	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) OF INJURY (e.g., ome, form, foctory, street, otc.) (E. INJURY OCCURRED While At Not Whith the deceased from	20 A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 1 Y N N 1 19	(If in Boltim	pinlan death	exact location) 19 70 h accurred an the
MEDICAL CERTIFIC	DISEASES OF TISE TO THE SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify to that (1) (we) ond haur prod.	Desthenio, etc. Discation which NTECEDENT R CONDITION CANT CONDITION CANT CONDITION CANT CONDITION TWAS UNDITION GIV OPERATION T WAS UND TING CAU: medical exami (Month) (Do that (1) (this last saw the fram the ca	Il meons ch caused CAUSES DNS, if cuse (A) N lost. IONS CON ATED TO THE EN IN PART 198. CONI WAS PERF ERLYING SE OF iner) y) (Yeor) hospital) decease uses stat	the diseas deoth.) ony, givin stating the NTRIBUTING HE TERMINA I 1 (A). OITION FORMED (Hour) 2' V V V V V V V V V V V V V V V V V V	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) OR	20A. AUTOPSY? (Yes or No. in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 19 10 and the view the body after deoth.	URY OCCUR?	pinlan death	exact location) 19 70 h accurred an the

A-Burdado Colo lavorio delle Syr

in a pa af who

(d 2)

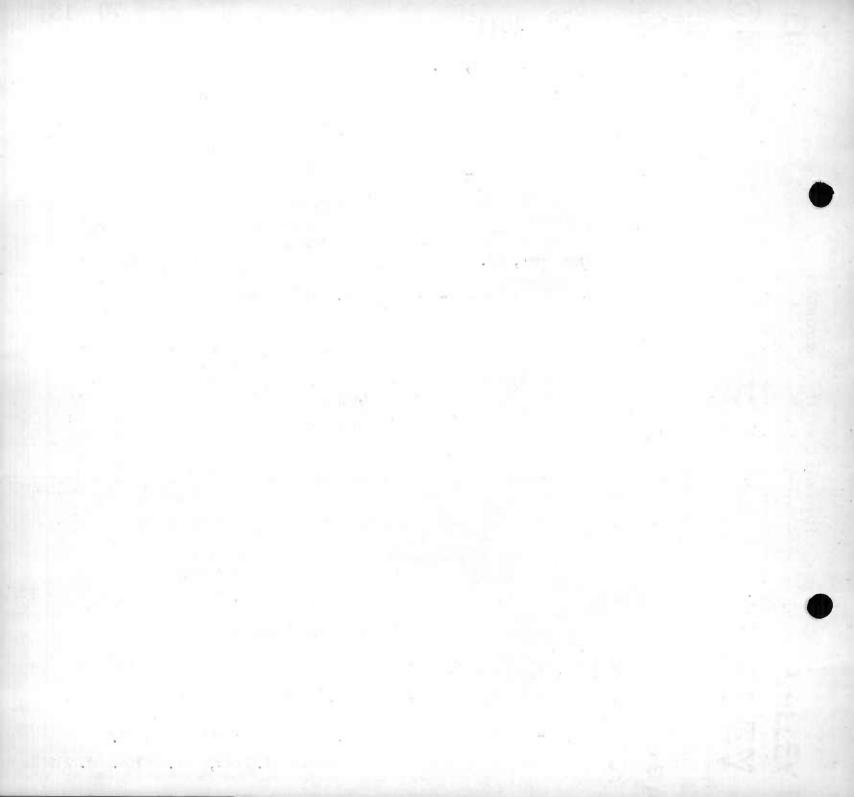
diffe

Some his News

VS 150-REV. 1/1/6B

Such

AME OF DECEASED	ATE OF DEATH X REG. NO	
AME OF DECEASED	ALE OF DEATH	10 TOTT
	DATE AND HOUR OF DEATH	
e ar Print)	2. DATE AND HOUR OF DEATH	
GEORGE OREM, Jr.	2-11-70	8:45 P
LACE IN BALTIMORE, MANYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decoased lived, If A, STATE B. COUNTY	institution: residance befare admissiar
	Da744	re 5010
L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	1 1000410000	0000
TITUTION	c. CITY OF IOWN D. IN	SIDE CITY LIMITS?
11 Hill 11 aside Home	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YES NO X
olton Hill Nursing Home	E. STREET AND NUMBER	
	Box 75 Fa	alls Road
7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hr.
MARKIED 2 NEVER MARKIED	last birthdoy)	Months Days Haurs Min.
MIDOWED DIVORCED	1 0 1 0 0	
USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired)	37	
Never Worked	Maryland	USA
ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Orem, Sr.	Nettie	Broll
		DIGIT
vas Deceased Ever in U. S. Armad Farces? 16. SOCIAL no or unknown) (If yes, give war ar dates of sarvice)	17. INFORMANT	ADDRESS
No of unknown) (If yes, give war ar dates of sarvice) 216-12-0526	Mrs. Nettie Adams	(Same)
\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ko	(500.10)
CAUSE OF DEA	ATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEA
LEADING TO DEATH	+ - 0 De	and di
(This daes not meen the mode all dying, e.g., (A) IMMEDIATE C.		n nolly
heort lailure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	- 11
injury or complication which coused death.)	In well squares	all
ANTECEDENT CAUSES	1 7 mores	
(B)	Merolule Les Closes	yeus
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A rise to the above couse (A) stating the	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	Munder Ger	7/11/12
(~/		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A)		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19. OND TO SERVICE OF OPERATION 19. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING C	AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	IN CERTIFYING C	AUSES OF DEATH?
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical axaminat) 21B. PLACE OF INJURY (e.g. dama, factory, stroat, atc.)	in ar about 21 C. WHERE DID (If in Boltime affice bldg., INJURY OCCUR?	AUSES OF DEATH?
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. bamo, form, foctory, stroat,	IN CERTIFYING C	AUSES OF DEATH?
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify modical axaminat) 21D. TIME (Manth) (Day) (Yaat) (Hour) 21E. INJURY OCCURRED While At Not Wi	in a about 21C, WHERE DID (If in Boltime affice bldg., INJURY OCCUR?	AUSES OF DEATH?
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify modical axaminat) 21D. TIME (Manth) (Day) (Yaat) (Hour) 21D. TIME (Manth) (Day) (Yaat) (Hour) 21E. INJURY OCCURRED Weile At C.	in or about 21C, WHERE DID (If in Boltime affice bldg., INJURY OCCUR?	AUSES OF DEATH? Ora City, give exact lacotion)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify modical axaminat) 21D. TIME (Manth) (Day) (Yaat) (Hour) 21E. INJURY OCCURRED While At Not Wi	in or about 21C, WHERE DID (If in Boltime affice bldg., INJURY OCCUR?	AUSES OF DEATH? Ora City, give exact lacotion)
PART (A). PART	IN CERTIFYING C., in ar about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	ora City, give exact lacotion)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical axaminar) 21D. TIME OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 21C. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an	IN CERTIFYING C. in ar about office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? hile 19 72 ta and that in (my) (aur) ap	ora City, give exact lacotian)
PART (A). PART	IN CERTIFYING C. in ar about office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? hile 19 72 ta and that in (my) (aur) ap	ora City, give exact lacotion)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical axaminar) 21D. TIME OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 21C. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an	IN CERTIFYING C. in ar about office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? hile 19 72 ta and that in (my) (aur) ap	AUSES OF DEATH? Ora City, give exact lacotion)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (natify madical axaminat) 21D. TIME (Manth) (Day) (Yaat) (Hour) 21D. TIME (Manth) (Day) (Yaat) (Hour) 21E. INJURY OCCURRED While At Nat Work 22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (did nat)	in a about 21C, WHERE DID (If in Boltima affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? hile 19 72 and that in(my) (aur) ap of the bady after death.	ora City, give exact lacotian)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DEATH (notify modical axaminat) 21D. TIME OF INJURY (Approx.) 21. I certify that (1) (this haspital) attended the deceased fram That (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1) (We) (did) (did nat) 13A. SIGNATURE	IN CERTIFYING C. in ar about office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? hile 19 72 ta and that in (my) (aur) ap	AUSES OF DEATH? Ora City, give exact lacotion)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (natify madical axaminat) 21D. TIME (Manth) (Day) (Yaat) (Hout) 21D. TIME (Manth) (Day) (Yaat) (Hout) 21D. TIME (Manth) (Day) (Yaat) (Hout) 21C. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I) (We) (did) (did nat) 13A. SIGNATURE 23C. PHYSICIAN'S	in a about 21C, WHERE DID (If in Boltima affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? hile 19 72 and that in(my) (aur) ap of the bady after death.	AUSES OF DEATH? Ora City, give exact lacotion)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DAY OF CONTRIBUTING CAUSE OF DEATH (notify modical axaminar) 21D. TIME (Manth) (Day) (Yaar) (Hour) 21D. TIME (Manth) (Day) (Yaar) (Hour) 21D. TIME (Manth) (Day) (Yaar) (Hour) 21C. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an one day of the causes stated above. (I) (We) (did) (did nat) 13A. SIGNATURE 22C. PHYSICIAN'S NAME (Type)	IN CERTIFYING C. In ar about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 72 and that in (my) (aur) ap and the bady after death.	AUSES OF DEATH? Ora City, give exact lacotian)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (natify madical axaminat) 21D. TIME (Manth) (Day) (Yaat) (Hout) 21D. TIME (Manth) (Day) (Yaat) (Hout) 21D. TIME (Manth) (Day) (Yaat) (Hout) 21C. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I) (We) (did) (did nat) 13A. SIGNATURE 23C. PHYSICIAN'S	IN CERTIFYING C. In ar about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 72 and that in (my) (aur) ap and the bady after death.	AUSES OF DEATH? Ora City, give exact lacotion)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION	in or about 21C, WHERE DID (If in Boltime affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 72 and that in(my) (aur) ap view the bady after death. 14thending Mad. Staff Director Phys. 23D. ADDRESS	inian death accurred an the da
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DEATH (natify madical axaminat) 21D. TIME OF INJURY (Approx.) 21D. TIME (Manth) (Day) (Yaat) (Hour) 21E. INJURY OCCURRED While At Not W. Wark AI Wark 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. (I) (We) (did) (did nat) 13A. SIGNATURE BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMENOVAL (Specify)	in or about 21C, WHERE DID (If in Boltime office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 72 ta	inian death accurred an the da 23B, DATE SIGNED 1/2 2 2 2 2 2 2 2 2 2
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DEATH (natify madical axaminat) 21D. TIME OF INJURY (Approx.) 21D. TIME (Manth) (Day) (Yaat) (Hour) 21E. INJURY OCCURRED While At Not W. Wark AI Wark 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. (I) (We) (did) (did nat) 13A. SIGNATURE BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMENOVAL (Specify)	in or about 21C, WHERE DID (If in Boltime office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 72 ta	inian death accurred an the da
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DEATH (natify madical axaminat) 21D. TIME OF INJURY (Approx.) 21D. TIME (Manth) (Day) (Yaat) (Hour) 21E. INJURY OCCURRED While At Not W. Wark AI Wark 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. (I) (We) (did) (did nat) 13A. SIGNATURE BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMENOVAL (Specify)	in or about 21C, WHERE DID (If in Boltime affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 72 and that in(my) (aur) ap view the bady after death. 14thending Mad. Staff Director Phys. 23D. ADDRESS	inian death accurred an the da



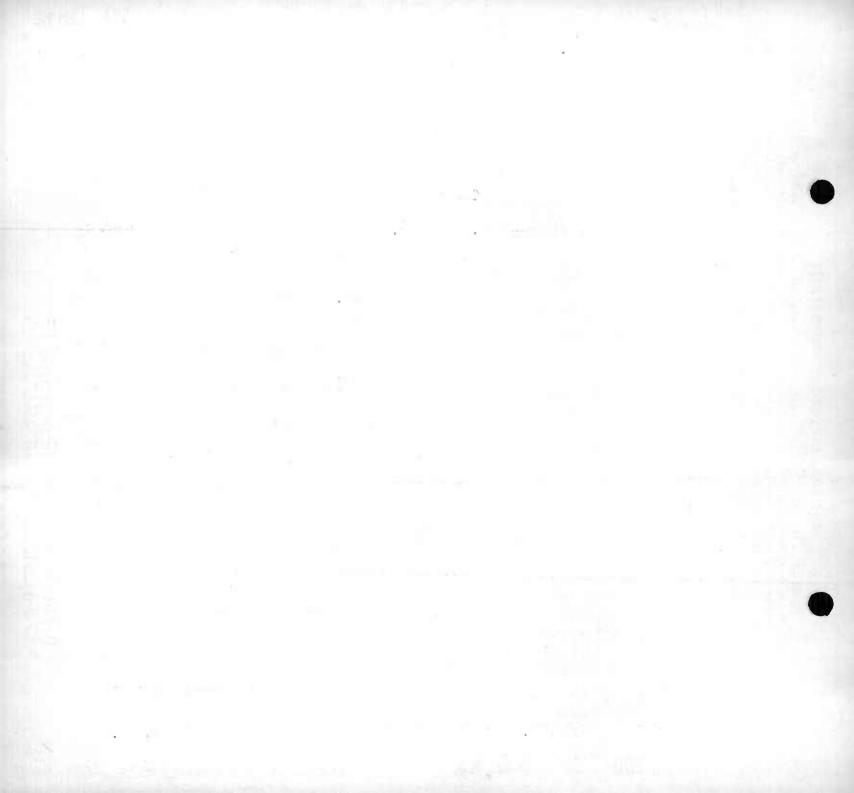
IMPORTANT

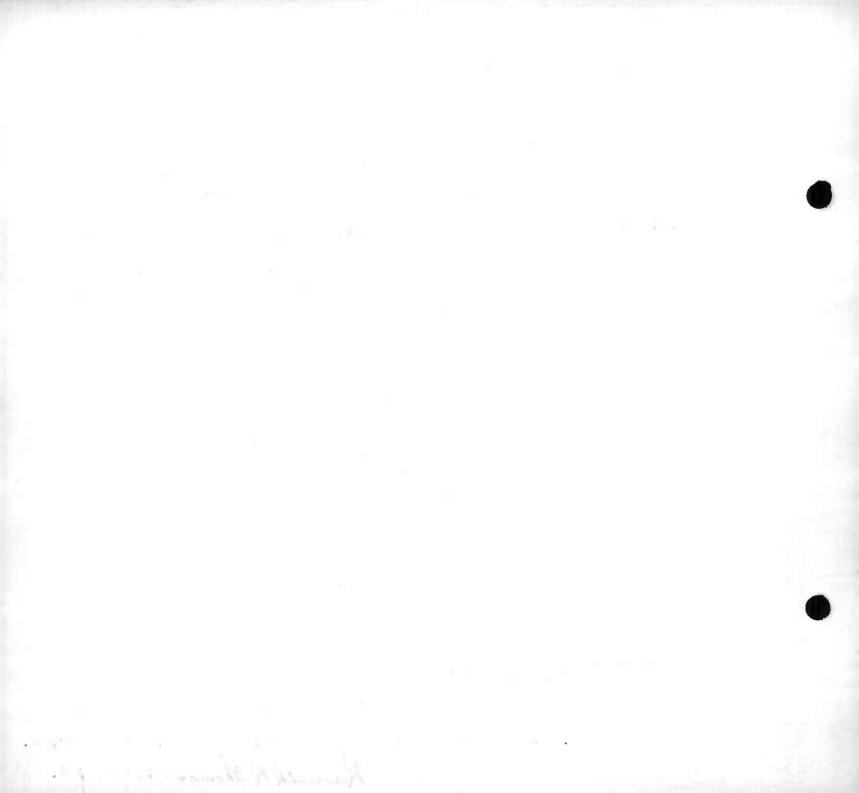
DIRECTOR:

FUNERAL

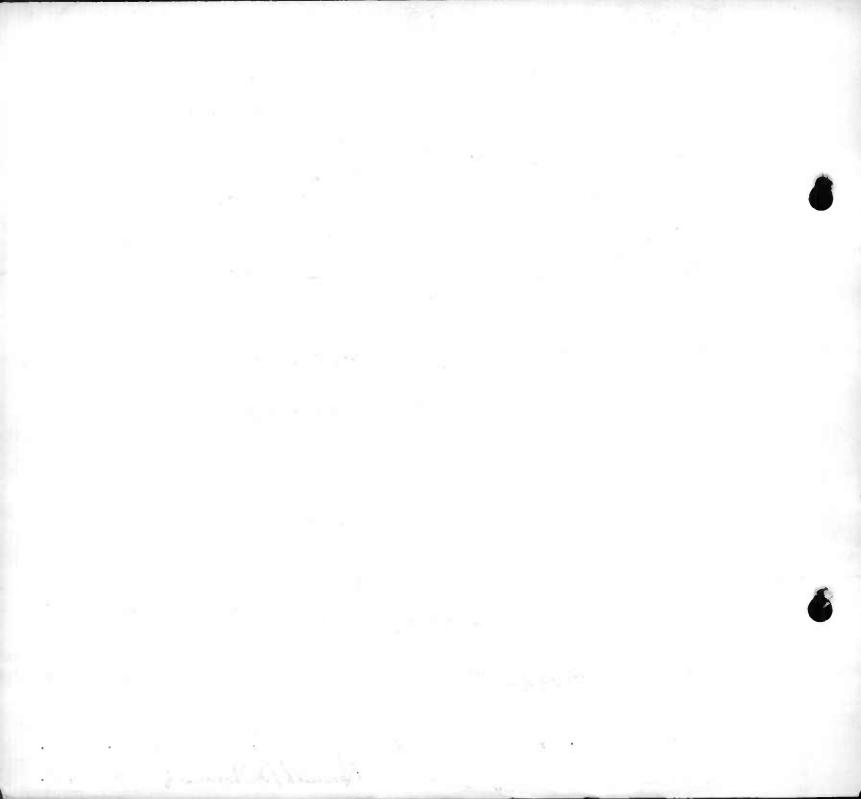
VS 150-REV, 1/1/65

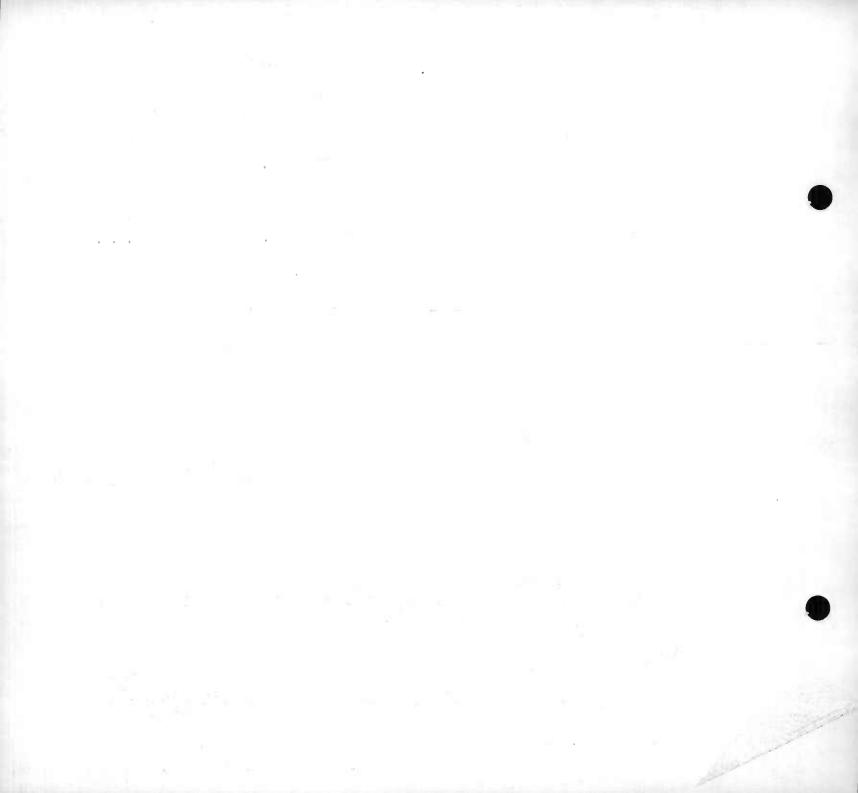
BALTIMORE CITY HEALTH DEPARTMENT





VS 150-REV. 1/1/68





M 530	BALTIMORE CITY	HEALTH DEPARTMENT		
6 BIRTH NO. 181	6 CERTIFICA	TE OF DEATH	REG. NO	70 1816
1. NAME OF DECEASED. (Type or Print) MLLIAMT MONTGOM	iens	2. DATE AN	HOUR OF DEATH	on 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in:	stitution: residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OR I	NOTITIZA	Hary and	TY	1301
MOSTIAL OK ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
UNION KETCORIAL HOS	Prink	Balkmore		YES NO
33rd Sheet Balkmore	Md	E. STREET AND NUMBER 3532 Keshic	k Rd	
5. SEX C. RACE 7. MAR WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 08-14-93	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
done-during most of working life, even if retired) 13. FATHER'S NAME	itile mills	gnol.		
william Kontjoine	ry	14. MOTHER'S MAIDEN NAM	refler	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
unknown -	SECURITY NO.	Daysy n. H.	no luce	the town
18.44 10 4	CAUSE OF DEATH	1 11.00	- Transy	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	" mutet	c.7_	
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the disc	0.0	CONSEQUENCE OF:		
injury or camplication which caused death.)	, , ,			
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	************	
rise to the above couse (A) stoling UNDERLYING CONDITION jost.	(C)			
- 11	(0)			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A).	*************************			1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPST? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, office)	or about 21 C. WHERE DID	(If In Boltimare	City, give exect location)
0				
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (H) (this hospital) ottend		-10	20. 2.	-11 2
that (i) (we) last saw the deceased alive		19 70 ond the	/	Ian death occurred on the date
and haur and from the couses stated above	_		intina, teat abini	on agoin occurred on the dote
23A. SIGNATURE	= 1 . 1	ew the body after death.		23B, DATE SIGNED
yaran ke	Physical		haff M	2/1, 20
23 C. PHYSICIAN'S NAME (Type)	DEGREE	BP. ADDRESS	mand of	0 00 1
DP. VAN KAMPLEN	140	Un. M. M.	By Street 1	attle Ma
	C. NAME OF CEMETERY OF CREA	AATORY 24D. LO	CATION (City,	, lown, or county) (State)
Burel 2-16-70 7	noreland men.	fack. B	alto bo.	
	AE OF REGISTRAR	25C, FUNERAL DIRECTOR	1	ADDRESS
EB 16 19/11 Weber E. Janey	22 0 0 0 0 m	toral 6 Cheno	we 24/23615	Chestrust Ave,

DIRECTOR:

FUNERAL

VS 150-REV. 1/1768

IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where Deceased lived, If institution: residence Defore admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS YE\$ NO X If Under 1 Yr. Il Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) and that In(my) (aur) apinion death accurred on the date 23 B. DATE SIGNED (City, Jown, or county) (Stote) ADDRESS

the world of the law again.

AND The Server with the tent of the server o

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

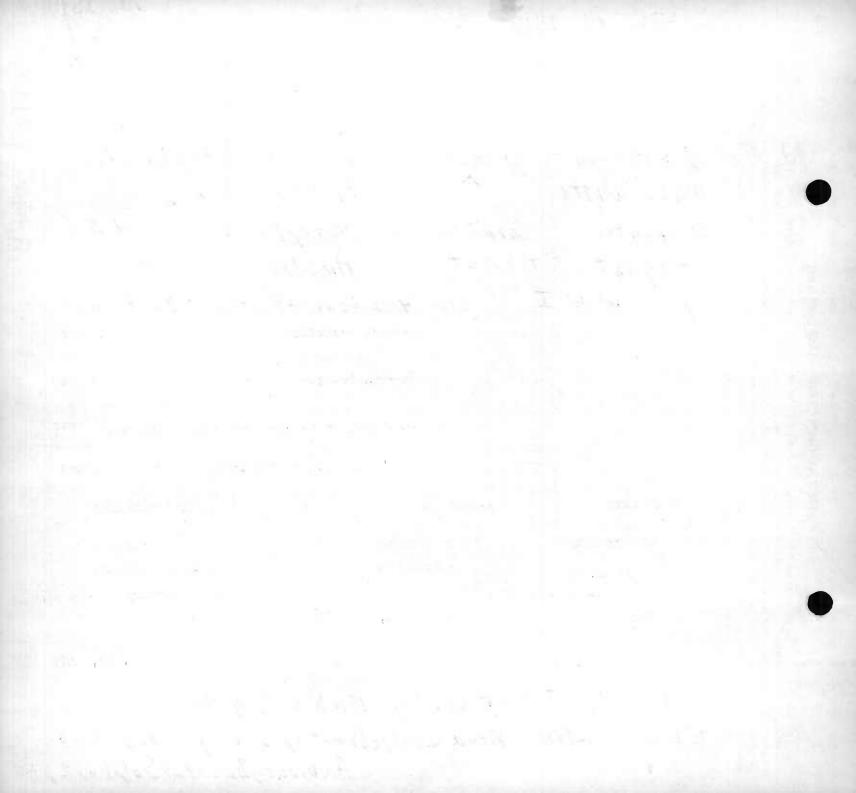
9:00A

NO

Haurs

If Under 24 Hrs. Haurs Min.

1970



was the state of the second HA- CHICKING 49/c/s the at the field the same the same Town Phitogen ... MONAME IN LEGIS IN THE WORLD THE PROPERTY

IMPORTANT

DIRECTOR

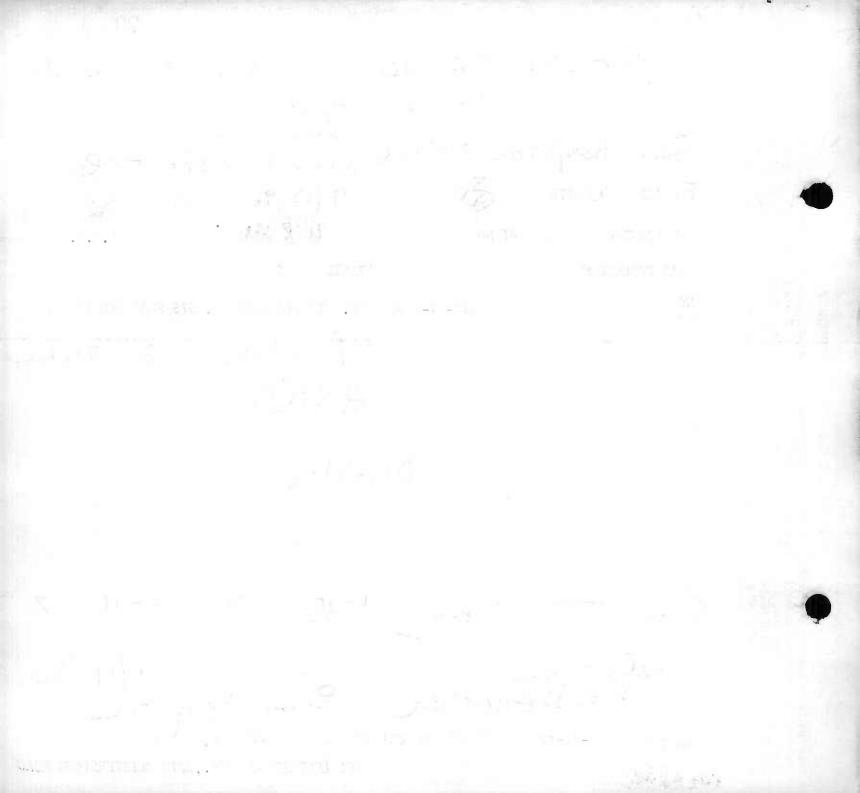
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

AND WILLIAM

FUNERAL DIRECTOR: IMPORTANT

T-(11) 70 1000	BALTIMORE CITY	HEALTH DEPARTMENT		leso.	
70 1822 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	.70	1822
1. NAME OF DECEASED (Type or Print) WHTILDA	TRAUR	2. DATE AN	D HOUR OF DEATH	0 1 /	1. 1.On
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (When	e deceased lives, Il ins	titution; resident	ce belaie admissiant
FULL NAME OF HOSPITAL OR INSTITUTION INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	JTION, GIVE STREET	MARVLAN C. CITY OR TOWN)	DE CITY LIMITS?	719
128 WAL HOSPITAC	BATMOR	E. STREET AND NUMBER	ORE	YES 🗌	NO []
FEMALE WHITE WINGWARD	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 102	9. AGE (In years lost birthday) 67	It Under 1 Yr. Months Doys	Il Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF dane during most of working life, even if retired)	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Gre	on country!	12. CITIZEN O	F WHAT COUNTRY
HOUSEWIFE AT HO	OME	XXXXXXXXX	AXX		S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	u,.	J. N.
MAX ROSENBERG		MINNIE ?			
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawnt) (If yes, give war ar dates of service)	16. SOCIAL	17. INFORMANT		ADD	RESS
NO	219-01-3942	MRS. MINDELL KE	IIMAN 515 S	HAMPOCK	IANE #8
18. / / 2 3 4 2 5 0 9	CAUSE OF DEATH		CLIMITAT, 515 S		OXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A DIMEDIATE CAL	- Acute Pa	l Oce do	BETWEE	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	CO CO CO	art i	x4112
injury ar complication which caused death.)		IN CIL			
ANTECEDENT CAUSES	(R)	#24D			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	\		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)				
_ 11		/			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Pi	abietes	****************************		******************
19A-DATE OF OPERATION 19B. CONDITION FOR W		20A. AUTOPSY? (Yes or No.)	208, IF YES, WERE FIN	NDINGS CONS	IDERED ?
OR CONTRIBUTING CAUSE OF hame	LACE OF INJURY (e.g., in , form, foctory, street, all	or about 21 C. WHERE DID injury OCCUR?	(If In Baltimare	City, give exact	lacation)
21D. TIME (Month! (Day! (Year! (Hour! 21E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
	e At Not While	· 🗆			
22. I certify that (1) (this hospital) attended the	e deceased from	1-10- 1	70 to	- 1/	10 70
that (1) (We) Jost saw the deceased alive an	-1		t in (my) (aur) apini	an death occ	urrad on the date
and hour and fram the causes stated above. (1)	A	ew the body after death.	,(), (aar) a prii	011 000111 000	ones on the safe
23A. SIGNATURE		7 (10)	2	3B. DATE SIGN	ED)
23C. PHYSICIANS DE DE SAME (Type) DE DESCRIPTION DE LE CONTROLLE DE LE CONTROL	DEGREE Phys.	Med. Director S	hys.	1 11	20
TSDene	Han DEGREE	Sens	Hosp	THO	
KENTO VAL (Specily)	ME of CEMETERY OF CRE		1	lawn, ar count	y) (State)
	O KODESH BETH		IMORE, MARY		
FEB 16 1970 Policie & Malbay 9	GISTRAR	SOL LEVINSON	BROS.,6010	REISTER	STOWN ROAT
/E 150-9EV 1/1/68					



VS 150-REV. 1/1/68



IMPORTAN

DIRECTOR:

FUNERAL

in ch i

		- 11/
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	1 10
	bouting ar a price	
	occu ontrill prmir regul ased	
	or condete	
_	if d rect (4) U was the sposi	Ī
IAN	stant ne di ind; leath e on	ī
ORI	if the any keed dedence or fin	-
FUNERAL DIRECTOR: IMPORTANT	Also, e of councilor	
OR:	ner. actur pror	
ECTO	xam camin A fr who regu	
DIR	at eysis; (3)	ı
MA	medic burn burn shysi	
NE	chief gody the pysicie	TATAL STREET,
F	the al by; (2) ; (2) ph	14
	ospir ospir ospir ospir ospir (6) N (6) N	State
	the h ny no excel and	
	d to d to f of a ital (ital t be	
	ease identident hospi o dec	
	ate m acc at a ior to	
	ly we (1) A O.A. ad pr	2
	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death);	2:
	によれるが	

10 ALLA 50		BALTIMORE CITY	HEALTH DEPARTMENT		PIO	1005
C-240 70	1825	CERTIFICA	TE OF DEATH	REG. NO	70	1825
(Type or Print)	1	Carl.		ND HOUR OF DEATH		
3. PLACE IN BALTIMORE, MARYLAND	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Wh	2 / 12 / 7	70	4:15 PM
FULL NAME OF UF NOT IN HO		TION, GIVE STREET	A. STATE B. COU	NTY	nstitution: resid	ence before admission)
HOSPITAL OR ADDRESS OR LO	OCATION	HON, OIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMIT	207
1/1/ m=	/	Hospi En1	BA/6- MORE		YES 🔀	№ П
CNION PIEM	OR.A	1705p; CA1	E. STREET AND NUMBER	land AVE		
5. SEX 6. RACE	7- MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr., If Under 24 Hrs.
h	WIDOWED	DIVORCED	12/8/22	lost birthdoy)	Months Do	ys Hours Min.
toA, USUAL OCCUPATION (Give kind of videne during most of working life, even if retire	work 10 B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore	eign country)	12. CITIZEN	OF WHAT COUNTRY
Saleslady		cht Co.	Vincin	UTA	11	C 11
13. FATHER'S NAME		0110 000	14. MOTHER'S MAIDEN NA		0	JA
John Shield	s		Lemma I			
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor ar o	Forces?	6. SOCIAL SECURITY NO.	17. INFORMANT		AC	DDRESS
No		237-24-912	Eli L. Cag	Te -1,003	Roland	Avre
18. 2 4 4 Y I		CAUSE OF DEATH		310 -4007		PPROXIMATE INTERVAL
DISEASE OR CONDITION	DIRECTLY	11	yxedema		SETW	VEEN ONSET AND DEATH
LEADING TO DEAT	ſH	(A) IMMEDIATE CAU	greatma			
(This does not mean the made heart failure, osthenia, etc. 11 mea	of dying, e.g.,		CONSEQUENCE OF:			***************
injury at complication which caus	ed death.)					
ANTECEDENT CAUS	ES	(0)				
DISEASES OR CONDITIONS, ;	l any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			*****************
inse to the above cause (/	A) stating the			17	0.4	
att		(c)				***************************************
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING					
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P	THE TERMINAL	****************				
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WE	ICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CO	NSIDERED
2//			VES	IN CERTIFYING CA	USES OF DEAT	rH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)		LACE OF INJURY (e.g., in form, foctory, street, alf	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exc	oct location)
D 21D. TIME (Month) (Dayl (Yes	ar) (Hour) 21E II	NJURY OCCURRED	2) 5 110 110 110			
OF INJURY	While		21F. HOW DID INJ	URY OCCUR?		
	Work	At Work				- 4
22. I certify that (1) (this hospit			129/	19 <u>70</u> to	2/12	1970
that (1) (we) lost sow the decea		2/12/	1970ond th	at in (my) (our) opli	nion death oc	curred on the date
and haur and fram the couses s	tated above. (1)	(We) (did) (did not) vi	ew the body after death.			
23A. SIGMATURE	1 m			50 ,	23B, DATE SIG	GNED
Someld 2	Terle	Phys.	ding Med. Director	Shoff Phys	2/	12/70
23 CHYSICIAN'S NAME (Type)			D. ADDRESS	1	1 11	Dall-
Ronald V.Ge	ckler,MD	•	UNION 1	MEMORIAI	/ Hos	De m
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)		TE of CEMETERY OF CREA			ly, town, or cou	unty) (Stole)
Burial 2/16	/70 Woo	dlawn Cemet	erv Re	ltimore,		Md.
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF		25C. FUNERAL DIRECTOR			ADDRESS
FEB 1 6 1970 Personal	E. Vanbey	K.D.	Ann Donovan			
VS 150-REV- 1/1/68						

Ungo Memora i House Gallania HE REST AND Em 22/2/22 x V. new . Myrelina 727/ Could V Jule 1910 T 2 1/4 2 X Union Manual Hay

150-REV. 1/1/68

Coded to 1012 Druidon Ct.

BIRTH NO. 1. NAME OF DECEASED (Type of Print) USS / Q ON STORY. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO	Padmission
3. PLACE OF BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before A, STATE B, COUNTY BOLLY SHOWL 14 FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMMS?	Padmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) A. STATE B. COUNTY BOLLY SWING 14 15 15 15 15 15 15 15	admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OF THE PROPERTY OF THE PROPE	
HILL DEST BUSING HOME BOULEMORE YES NOT	101
	1
E. STREET AND NUMBER	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 YI. If Un	der 24 Hrs
Formel Chelasian Wildowed DIVORCED 1-1-84 lost bighday! Months Doys Hours	Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) [12, CITIZEN OF WHAT	COUNTE
done during most of working life, even if retired)	
Librarian Library Unknown U.S.A	
14. MOTHER'S MAIDEN NAME	
Unknown	
5. Was Deceased Ever in U. S. Armed Faices? 16. SOCIAL 17. INFORMANT ADDRESS	
No (If yes, give wor or dotes of service) (If yes, give wor or dotes of service) SECURITY NO. 212-03-0935A Mr. Himen Chapel Hill Nursing Home	
18. APPROXIMATE	
DISEASE OR CONDITION DIRECTLY	AND DEAT
LEADING TO DEATH (A) IMMEDIATE CAUSE MINTANAIR BACKE SING	
(This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: 1 ise to the obove couse (A) stoting the	
UNDERLYING CONDITION losi. (C)	
UNDERLYING CONDITION Iosi. (C))
UNDERLYING CONDITION losi. (C))
UNDERLYING CONDITION losi. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, sheet, office bidg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) While At Not While)
UNDERLYING CONDITION losi. (C)	
UNDERLYING CONDITION losi. (C)	19.76
UNDERLYING CONDITION losi. (C)	19.76
UNDERLYING CONDITION Iosi. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID INJURY OCCUR? DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID INJURY OCCUR? Etc.] 21B. PLACE OF INJURY OCCUR? While At Work At Work 10F INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22C. I certify that (I) (this haspital) attended the deceased from At Work 19 7 and that in (my) (aur) aplnion deoth accurred of and haur and fram the causes stated abave. (I) (We) (did) (did not) view the body ofter death.	19.70
UNDERLYING CONDITION lost. (C)	19.70
UNDERLYING CONDITION lost. (C)	19 7 C
UNDERLYING CONDITION Iosi. (C)	19 7 C
UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 21A. TIME (Month) (Day) (Year) (Hour) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID NIJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Hour) 21D. TIME (Month) (Hour) 21D. TIME (Month) (Hour) 21D. TIME (Month) (Hour) 21D. TIM	19 7 0
UNDERLYING CONDITION Iosi. (C)	19 7 C

Alexandra Sandra Sandra

of the second of the second of the

to design the companies of the companies of

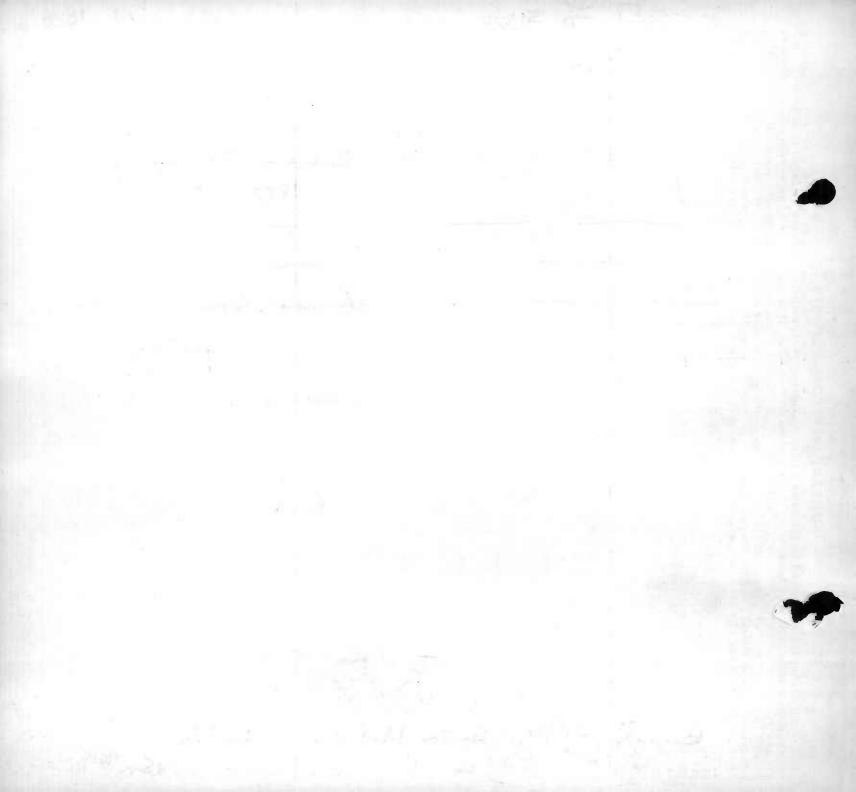
THE STANDARD DESIGNATION

borney in at the 1 to

The second secon

Desired Feld Control Control Calendary Colors

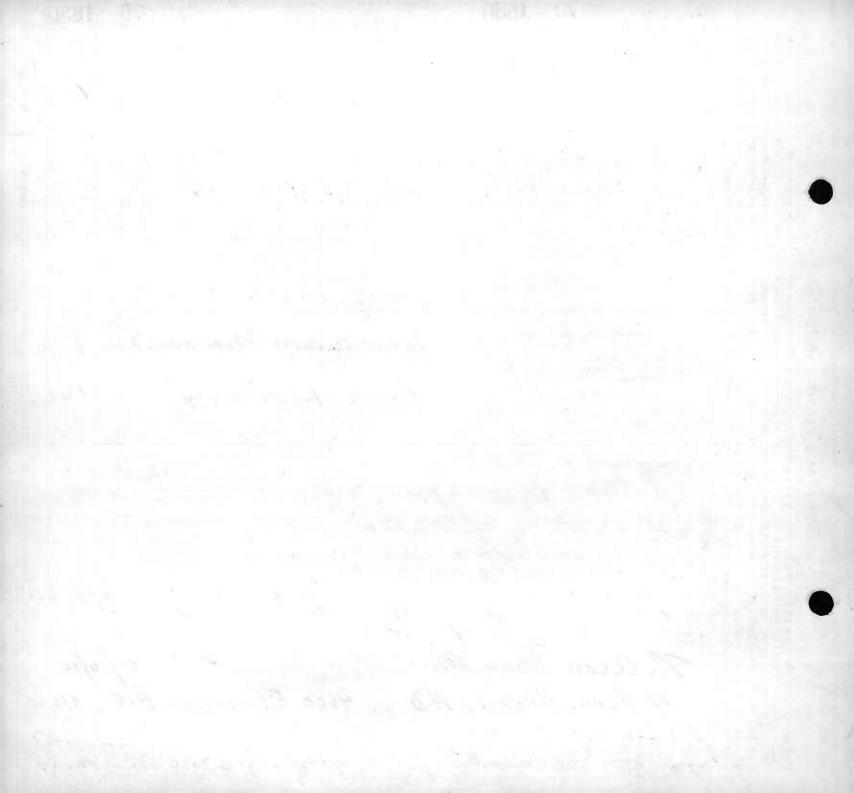
Collection water by March March 2012



. SEX	7. RACE	B. MARR	ED NEVER MARRIED	C. CITY OR TO	WN	D. INSIDE CITY LIN	NITS?
Male	White	WIDOW		Ва	ltimore	YES 🔀	No 🗆
DATE OF BIRTH	losi blethdo		If Under 1 Yr. II Under 24 Hrs. Months: Doys, Hours, Min.	E. STREET AND	NUMBER		
	1944 2				20 N. Calvert	St. #2D	
	tote or foreign country)		2. CITIZEN OF	13. FATHER'S N			
Maryla		I AR VINID	WHAT CAUNTRY?	William	Francis Sp	ies	
Clerk		Au	of Business or Industry tomobile Bus.	Evely	n Grace Hol	singer	
s. WAS DECEASE es, no or unknown) NO	D EVER IN U.S. ARMED (If yes, give wor or doles	FORCES of service)	17. SOCIAL SECURITY NO. 215-42-7237	Wm. F.	3/ M	aybin Cir	Scle Md.
19.	6 X 1		CAUSE OF DEAT	Н			APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIREC	CTLY					DETWEEN CASET AND DEATH
4	EADING TO DEATH		(A)IMMEDIATE CA	use Early	pneumonitis		
heart follure, injury or com	of mean the mode of dy osthenio, etc. It means the plication which coused dec	ng, e.g., diseose, th.)	DUE TO, OR A	A CONSEQUEN	CE OF:	***************************************	***************************************
AN	ITECEDENT CAUSES		/a\				
DISEASES O	R CONDITIONS, IF ANY	GIVING	(B) DUE TO, OR A	S A CONSEQUE	ICE OF:		· · · · · · · · · · · · · · · · · · ·
UNDERLYIN	G CONDITION LAST.	ING INE	(c)				
	11		(C/				
2 TO THE DEA	IFICANT CONDITIONS CO THE BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMI	NG NAL				
20A. DATE OF	OPERATION 208. CON	DITION F	OR WHICH OPERATION WAS	PERFORMED		21. A	UTOPSY? (Yes or No)
							Yes
	NAL CAUSE WAS	2	2B. PLACE OF INJURY (e.g., i	or obout 22C.	WHERE DID (If to Bolttmore	City, give exoct locat	
UTING CAL	JSE OF DEATH.	ľ	tome, with, today, street, office	bidg., etc.) iivjUk	1 OCCOR?		
OF INJURY	Month) (Doy) (Year	(Hour			HOW DID INJURY OCCU	R?	
(APPROX.)			n. WHILE AT WORK AT WO	HILE C			
23.							
	fy that I held on I	_			d that on this basis, e	death in my opinio	on
result	ed from: Natural caus	ses 🔀	Accident L Suicide			ed monner	
ACTUAL	(h. lo	/) : 1		MEDICAL EXAMINER		DATE SIGNED
SIGNATU		J	The M.D.	ASSISTAN	T MEDICAL EXAMINER	X	
EXAMINE NAME (T)	/pe)	S. Sp	ringate, M.D.		E MEDICAL EXAMINER	□ Februa:	ry 12, 1970
4A. BURIAL CREM EMOVAL (Specify Burial	()	,	24C. NAME of CEMETERY o		24D. LOCATION	(City, town, or co	
		6,19	70 Druid Ridg	e Cem.	Pikesvi	lle, Balt	o., Md.
SA. DATE REC'D	BY HEALTH DEPT.		ME OF REGISTRAR	25C. FUNE	RAL DIRECTOR	ADDRES	S
FR1619	m Refere E.	saulsen	Past of	Eckh	ardt	Owings Mi	lls. Md.
		1 1		LOWIT			

Letter from M.E.'s office 5-8-70 M.H.

1 -3/ 70	1830	BALTIMORE CITY	HEALTH DEPARTMENT		70 1830	
7-506	TOOU	CERTIFICA	TE OF DEATH	REG. NO.	70 1830	
RTH NO.			2 DATE AN	D HOUR OF DEATH		
pe or Print)	A . (2221			11.45 0	
	WHERE PRONOU	NCED DEAD			stitution: residence before admission	M.
THE IT BELLINORS WHENTENING	WILKE TROMOGO	NCED DEAD	A. STATE B. COUN	TY	11 0 14	•
ILL NAME OF (IF NOT IN HOS	PITAL OR INSTITU	TION, GIVE STREET	Maryland	4	1607	
STITUTION	_		C. CITY OR TOWN	D. INSI		
				e	YES NO NO	
1) 1501 Dukel	and ST				-	
	md 3			II DRIG	16	
	7. MARRIED	NEVER MARRIED		ost birthdoy	Months Doys Hours Min.	drs.
nale Negro	WIDOWED	DIVORCED	3/5/91	78		
		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNT	TRY?
	101	1	JOINNSON CO	, N.C	U.8A.	
CATHED'C MAAAF	. /					
12 mil n	m					
		CC-CLIPITAL ALG			4	
VV3		218-10.9079	DHILLAND W	わからい いら	INOL. P	
18. // 6 despus	1	CAUSE OF DEATH			APPROXIMATE INTERVAL	
DISEASE OR CONDITION	DIRECTLY	A	16			ATH
		HETER	LOSCIEROTE LA	RDIOVASCULA	e DISORSE LINIE.	
		DUE TO, OR AS A	CONSEQUENCE OF:	~~~~		
ANTECEDENT CAUS	rec		/		,	
	2F2	1 1	ni lisucci	2101011	1111	
		(B) CENA	ACONSEQUENCE OF	ciency	1 WK	
DISEASES OR CONDITIONS, in rise to the obove couse (if any, giving	(B) DUE TO, OR AS	AL INSUFFIC A CONSEQUENCE OF:	CIENCY	/ WK	
DISEASES OR CONDITIONS,	if any, giving	(B) DUE TO, OR AS A	ACONSEQUENCE OF:	CIENCY	1 WK	
DISEASES OR CONDITIONS, in the control of the contr	if any, giving		AC MSUFFIC A CONSEQUENCE OF:	uency	1 WK	
DISEASES OR CONDITIONS, rise to the obove couse (A UNDERLYING CONDITION lost.	if any, giving A) sloting the CONTRIBUTING		AC /WSUFFIC a consequence of:	CENCY	1 WK	
DISEASES OR CONDITIONS, is a la the obove couse (A UNDERLYING CONDITION lost. I OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IN	if any, giving A) stoling the CONTRIBUTING O THE TERMINAL PART 1 (A).	(c)				
DISEASES OR CONDITIONS, isse to the obove couse (A UNDERLYING CONDITION lost, UNDERLYING CONDITION IOST, OTHER SIGNIFICANT CONDITIONS (IO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN ITS ALL TO PERPENSION 1198. CO.	if any, giving A) stotling the CONTRIBUTING OTHE TERMINAL	(c)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No)			· ·
DISEASES OR CONDITIONS, isse to the obove couse (A UNDERLYING CONDITION lost, other significant conditions of the Death but not related to disease or condition given in 194. Date of operation 198. C WAS 8	if any, giving A) stoling the CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED	(C)	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?	
DISEASES OR CONDITIONS, rise to the obove couse (AUNDERLYING CONDITION lost, UNDERLYING CONDITION SI, OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT. OF THE DEATH BUT NOT RELATED TO DISEASE OF CONDITION GIVEN IN IT. OF THE DEATH BUT NOT RELATED TO DISEASE OF CONTRIBUTION GIVEN IN IT. OF THE DEATH OF THE DISEASE OF TH	if any, giving A) stoling the CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED	HICH OPERATION		208. IF YES, WERE F		
DISEASES OR CONDITIONS, rise to the obove couse (AUNDERLYING CONDITION Jost. I OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 194. DATE OF OPERATION 198. CWAS F	if any, giving A) stoling the CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?	
DISEASES OR CONDITIONS, rise to the obove couse (AUNDERLYING CONDITION lost, other significant conditions of the death but not related to disease or condition given in the death of the de	if any, giving A) stoling the CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED 21B. F home etc.)	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offi	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID injury Occur?	208. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?	· · · · · · · · · · · · · · · · · · ·
DISEASES OR CONDITIONS, in the last the obove couse (A UNDERLYING CONDITION lost, other significant conditions of the Death but not related to Disease or Condition Given in the Death of the Disease or Condition Given in the Death of the De	if any, giving A) stoling the CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED 218. f home etc.) cot) (Hour) 21E. While	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offi	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID ice bldg INJURY OCCUR?	208. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?	
DISEASES OR CONDITIONS, rise to the obove couse (a UNDERLYING CONDITION lost, I) OTHER SIGNIFICANT CONDITION OF CONTRIBUTION OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	if any, giving A) stoling the CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED 218. F home etc.) ori) (Hour) 218. I While Work	HICH OPERATION PLACE OF INJURY (e.g., in , form, foctory, street, offi INJURY OCCURRED At Not While At Work	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	208. IF YES, WERE FIN CERTIFYING CAU	FINDINGS CONSIDERED USES OF DEATH? a City, give exact location)	
DISEASES OR CONDITIONS, in the last the obove couse (A UNDERLYING CONDITION lost, other significant conditions of the Death but not related to Disease or Condition Given in the Death of the Disease or Condition Given in the Death of the De	if any, giving A) stoling the CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED 218. F home etc.) ori) (Hour) 218. I While Work	HICH OPERATION PLACE OF INJURY (e.g., in , form, foctory, street, offi INJURY OCCURRED At Not While At Work	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID INJURY OCCUR? 21 F. HOW DID INJU	208. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)	
DISEASES OR CONDITIONS, rise to the obove couse (a UNDERLYING CONDITION lost, I) OTHER SIGNIFICANT CONDITION OF CONTRIBUTION OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	if any, giving A) stoling the CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED 218. F home etc.) ont (Hour) 21E, i While Work	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offin injury occurred at Work At At At Work	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID INJURY OCCUR? 21 F. HOW DID INJU	208. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH? a City, give exact location)	·
DISEASES OR CONDITIONS, rise In the obove couse (AUNDERLYING CONDITION Jost, UNDERLYING CONDITION OS.) OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. C. WAS P. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Ye OF INJURY (APPROX.)	if any, giving A) stoling the CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED G 218.F home etc.) on) (Hour) 21E. While Work ital) attended the assed alive on	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offinity) INJURY OCCURRED At At At Work Be deceosed from 2/9	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID NJURY OCCUR? 21 F. HOW DID INJU	208. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)	·
DISEASES OR CONDITIONS, insee In the obove couse (AUNDERLYING CONDITION lost, II) OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN II) 19A. DATE OF OPERATION 19B. CWAS (WAS READ TO CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Yeo Finjury (APPROX.) 22. I certify that (To (this hospithat (We) lost sow the decent	if any, giving A) stoling the CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED G 218.F home etc.) on) (Hour) 21E. While Work ital) attended the assed alive on	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offinity) INJURY OCCURRED At At At Work Be deceosed from 2/9	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID NJURY OCCUR? 21 F. HOW DID INJU	208. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)	ote
DISEASES OR CONDITIONS, rise In the obove couse (AUNDERLYING CONDITION Iost, III) OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT.) 19A. DATE OF OPERATION 19R. CWAS FOR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21 D. TIME (Month) (Day) (Yeo Fin Jury (APPROX.) 22. I certify that (Control of the couses so that was underlying conditions)	if any, giving A) stoling the CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED G 218.F home etc.) on) (Hour) 21E. While Work ital) attended the assed alive on	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offinity) INJURY OCCURRED At At Work At deceosed from (We) (did) (did not) vi	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID injury occur? 21 F. HOW DID INJURY on the decided of the line of the lin	20B. IF YES, WERE FIN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH? Colty, give exoct location) 19 70 Thion death occurred on the design of the death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred occurred occurred on the death occurred occ	·
DISEASES OR CONDITIONS, rise to the obove couse (UNDERLYING CONDITION lost, OTHER SIGNIFICANT CONDITION OS. OTHER DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN ITEM OF CONTRIBUTION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.) 22. I certify that (This hospithat (Month) (we) lost sow the decease ond hour and from the couses is 23A. SIGNATURE	if any, giving A) stoling the CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED G 218.F home etc.) on) (Hour) 21E. While Work ital) attended the assed alive on	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offi INJURY OCCURRED At Not While At Work deceosed from (We) (did) (did not) vi	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID ince bldg., INJURY OCCUR? 21 F. HOW DID INJURY 21 G. HOW DID INJURY ond the iew the body ofter death.	208. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH? City, give exoct location) 2 9 70 nion death occurred on the d	·
DISEASES OR CONDITIONS, rise In the obove couse (AUNDERLYING CONDITION Iost, III) OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT.) 19A. DATE OF OPERATION 19R. CWAS FOR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21 D. TIME (Month) (Day) (Yeo Fin Jury (APPROX.) 22. I certify that (Control of the couses so that was underlying conditions)	if any, giving A) stoling the CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED G 218.F home etc.) on) (Hour) 21E. While Work ital) attended the assed alive on	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offi INJURY OCCURRED At Not While At Work deceosed from (We) (did) (did not) vi	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID injury occur? 21 F. HOW DID INJURY on the decided of the line of the lin	20B. IF YES, WERE FIN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH? Colty, give exoct location) 19 70 Thion death occurred on the design of the death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred occurred occurred on the death occurred occ	dote
DISEASES OR CONDITIONS, rise to the obove couse (UNDERLYING CONDITION lost, OTHER SIGNIFICANT CONDITION SIDE OF THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT. 19A. DATE OF OPERATION 19R. CWAS FOR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21 D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.) 22. I certify that (O (this hospithat the couses see that the couses see that the couses see that the couse see t	if any, giving A) stoling the CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED 218. f home etc.) on) (Hour) 21E. Whill Work ital) attended the ased above. (I)	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offinity) INJURY OCCURRED At Mork Added Added At Work Attent DEGREE Attent Attent DEGREE Attent Attent DEGREE DEGREE Attent DEGREE D	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID ince bldg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 3 1 19.70 ond the iew the body ofter deoth. Inding Med. Director 3D. ADDRESS	20B. IF YES, WERE FIN CERTIFYING CAN (If In Boltmore) JRY OCCUR? Of in(my) (opt) opin Staff Phys.	FINDINGS CONSIDERED USES OF DEATH? Colty, give exect location) 2/9 19 70 nion death occurred on the d 238, DATE SIGNED 2/2 29	ote
DISEASES OR CONDITIONS, rise In the obove couse (AUNDERLYING CONDITION Iost, III) OTHER SIGNIFICANT CONDITION IOST, IO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT. 19A. DATE OF OPERATION 19R. CWAS FOR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21 D. TIME (Month) (Doy) (Yeo Fin Jury (APPROX.) 22. I certify that (Control of the couses in that (Month)	A) stoling the CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED 218. F home etc.) while work itol) ottended the osed olive on stoted above. (I) ARRELS 124C. NA	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offining of the street, offining of the street, offining of the street, offining of the street, or the str	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID ice bldg INJURY OCCUR? 21 F. HOW DID INJU 21 G. HOW DID INJURY ond the iew the body ofter deoth. adding Med Director 3D. ADDRESS	20B. IF YES, WERE FIN CERTIFYING CAI (If In Boltimore) JRY OCCUR? 9 70 to	FINDINGS CONSIDERED USES OF DEATH? City, give exoct location) 2 9 70 nion death occurred on the d 238. DATE SIGNED 2 10 7 0 AVE 2/2 29	ote
DISEASES OR CONDITIONS, rise In the obove couse (AUNDERLYING CONDITION Iost, II) OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT.) 19A. DATE OF OPERATION 19B. CWAS (WAS PATH) (Notify medical examine) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Yeo Finjury (APPROX.) 22. I certify that (To this hospithat (We) lost sow the decease ond hour and from the couses see 23A. SIGNATURE	A) stoling the CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED 218. F home etc.) while work itol) ottended the osed olive on stoted above. (I) ARRELS 124C. NA	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offining of the street, offining of the street, offining of the street, offining of the street, or the str	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID INJURY OCCUR? 21 F. HOW DID INJURY Ond the lew the body ofter deoth. Inding Med. Director Di	20B. IF YES, WERE FIN CERTIFYING CAI (If In Boltimore URY OCCUR? 9 70 to	FINDINGS CONSIDERED USES OF DEATH? City, give exoct location) 2 9 70 nion death occurred on the d 238. DATE SIGNED 2 10 7 0 AVE 2/2 29	dote
DISEASES OR CONDITIONS, rise to the obove couse (AUNDERLYING CONDITION lost, UNDERLYING CONDITION IOSI, OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IT. 19A. DATE OF OPERATION OF CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21 D. TIME (Month) (Doy) (Yeor In Jury (APPROX.) 22. I certify that (Tythis hospithat (We) lost sow the decease ond hour and from the couses some condition of the couses some condition of the couse some condition of the co	if any, giving A) stoling the CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED 21B. f home etc.) (Hour) 21E. Whill Work itol) ottended the osed olive on stoted above. (I) ARRELS 24C. NAI 125B. NAME QE	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offinity) INJURY OCCURRED At Mork Added Added At Work Attent DEGREE Attent Attent DEGREE Attent Attent DEGREE DEGREE Attent DEGREE D	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID INJURY OCCUR? 21 F. HOW DID INJURY Ond the lew the body ofter deoth. Inding Med. Director Di	20B. IF YES, WERE FIN CERTIFYING CAI (If In Boltimore URY OCCUR? 9 70 to	FINDINGS CONSIDERED USES OF DEATH? City, give exoct location) 2 9 70 nion death occurred on the d 238. DATE SIGNED 2 10 7 0 AVE 2/2 29	
DISEASES OR CONDITIONS, rise to the obove couse (UNDERLYING CONDITION IOSI, UNDERLYING CONDITION IOSI, OTHER SIGNIFICANT CONDITION OF THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. C. WAS P. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Ye OF INJURY (APPROX.) 22. I certify that (Y (this hospithat (We) lost sow the decease ond hour and from the couses so 23A. 51GNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE	if any, giving A) stoling the CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR W PERFORMED 21B. f home etc.) (Hour) 21E. Whill Work itol) ottended the osed olive on stoted above. (I) ARRELS 24C. NAI 125B. NAME QE	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, offinity) INJURY OCCURRED At At At Work At	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID ice bldg INJURY OCCUR? 21 F. HOW DID INJU 21 G. HOW DID INJURY ond the iew the body ofter deoth. adding Med Director 3D. ADDRESS	20B. IF YES, WERE FIN CERTIFYING CAI (If In Boltimore URY OCCUR? 9 70 to	FINDINGS CONSIDERED USES OF DEATH? City, give exoct location) 2 9 70 nion death occurred on the d 238. DATE SIGNED 2 10 7 0 AVE 2/2 29	dote
	PLACE IN BALTIMORE MARYLAND, JULIAN AND OF STITUTION JULIAN ADDRESS OR LO SEX SEX SEX SEX SEX SEX C. RACE MUSUAL OCCUPATION (Give kind of vice during most of working life, even if refire control of the cont	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS JULINAME OF OSPITAL OR INSTITUTION JULINAME OF ADDRESS OR LOCATION) JULINAME OF ADDRESS OR LOCATION JULINAME OF A	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD JULIAN AND OF OF THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DISPITAL OR ADDRESS OR LOCATION) STITUTION JOHN COMMENT OF THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) SEX OF THE NOTION O	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. USUAL RESIDENCE (Where Dead) A. STATE A. STATE A. STATE A. STATE B. COUNTILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DESTITAL OR ADDRESS OR LOCATION) STITUTION DUKELAND SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH MIDOWED DIVORCED 3/5/9/ A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign during most of working life, even if relired) WOS Deceosed Ever in U. S. Armed Forces? Is, no or unknown) (If yes, give wor or dotes of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, initive or campolicotion which coused decils) A. USUAL RESIDENCE (Where In Where Market I Where I Where I Where I Was I When I I I I I I I I I I I I I I I I I I I	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STATE B. COUNTY DOUBLESS OR LOCATION) DUKELAND NURSING E. STREET AND NUMBER C. CITY OR TOWN D. INSI D. INSI D. INSI D. INSI D. INSI D. AGE (In years lost birthday) D. AGE (In years lost birthday) D. AGE (In years lost birthd	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A, STATE B, COUNTY MARKED F BOULTMORE B, COUNTY MARKED F BOULTMORE B, COUNTY MARKED



K	BALTIMORE CIT	Y HEALTH DEPARTMENT '70 1004
E	S-53570 1831 CERTIFICA	ATE OF DEATH REG. NO. 1031
	NAME OF DECEASED Type of Print) BERTHA SNOWDEN	2. DATE AND HOUR OF DEATH
	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission) A, STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	1901
	EDEE WOOD NURSING HOME	Barrimun D. INSIDE CITY LIMITS?
ı	91 6000 BELLONA AVE	E. STREET AND NUMBER
	10 BALTIMORE MD 21212	FN. BRUCE St
5	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years of Months) 19. AGE (In years of Months)
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	
1	Domostof working life, even if relired) Put Fom 124	A. A. Cu MD USA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ABRUHRM	Mare a un
	S. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	HONOS CAMPAUL 8. n BRULOST
1	18. CAUSE OF DEA	
	DISEASE OR CONDITION DIRECTLY	DETWEEN ONSELAND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g., DILE TO DE AS	
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	S A CONSEQUENCE OF:
	ANTECEDENT CAUSES	1. 12D.
	(B) / / / / / / / / / / / / / / / / / / /	S A CONSEQUENCE OF:
	rise to the above cause (A) stating the	
	UNDERLYING CONDITION last, (C)	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	belown by the 1 1/8am
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	noj mouna of near to je.
	194. DATE OF OPERATION WAS PERFORMED	20 A. AUTOPSY? (Y& or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF CAUSE	in or obout 21C, WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR?
1	DEATH (notily medical examiner)	
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY White At Not Wh	21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) White At Not Wh Work At Work	
	22. I certify that (1) (this haspital) attended the deceased fram	Jan 26 1970 to July 10 1970.
	that (1) (we) last sow the deceased alive on	4 1970 and that in(my) (our) opinion death occurred on the date
	and hour and from the couses stated obove. (1) (We) (did) (did not)	
	23A. SIGNATURE	238, DATE SIGNED
	DEGREE	rending Med. Staff
	23C. PHYSICIAN'S NAME (Type)	6100 YORK RD BALTIMORE MD21212
	FREDERIUC VOLLMER IVID accret 4A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of C	
1	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, or county) (Stote)
1	SA. DATE RECO ST HEALTH DEPT SEE NAME OF REGISTRAR -	2SC, FUNERAL DIRECTOR ADDRESS
	FER 1 C WALL E Tables All.	marchan Plymyn 6387 geter &
1	(FOTO 1916	The state of the s



		BALTIMORE CITY	HEALTH DEPARTMENT	1-10	4000
RII	RTH NO. 70 1832		TE OF DEATH	reg. No	1832
1,1	NAME OF DECEASED			D HOUR OF DEATH	
() y	WALTER GOSCIN	IIAK	1717	2-10-70	Dine 1
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	o deceased lived. It institut	ion; residence before admiss
H	JLL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAN	'D	103
III.		1/2 !	C. CITY OR TOWN	D. INSIDE C	
9	71) EDGEWOOD.		E. STREET AND NUMBER	RE YES	NO [
1		Home	7215.6	1KEWOOD	AUE
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		Under 1 Yr. If Under 24 onths Doys Hours Min
		WED DIVORCED	2/22/1886	ost birthday Mo	nths Doys Hours Mi
104	A. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or forei	on country) 12	CITIZEN OF WHAT COUN
dor	ne during most of working life, even if retired)	3 4 0	PI		
13.	FATHER'S NAME) + 0	IOLAND		1.5.4.
	1		14. MOTHER'S MAIDEN NAM	7.5	
16	UNKNOWN		UNKNOWN		
(Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yes, give wor or dates of serv	icel SECURITY NO.	17. INFORMANT	-	ADDRESS
	NO.	705.03.5134	MR. FRANK C	SCINIAK 2.	520 Fair H
	18.4.12.4-1	CAUSE OF DEATH	1	OCIAII = I	APPROXIMATE INTERV
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DE
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Corefral H	eren brues	16 days
	This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise	0.0	CONSEQUENCE OF:		
	injury or complication which caused death.)	0 .			1
	ANTECEDENT CAUSES	(8) Elekere	relience texte	vaccular des	2210
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stating UNDERLYING CONDITION tast.	(c)			
	11	(0)			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG			
AT	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************			*****
CERTIFICA	19A-DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No)	208, IF YES, WERE FINDI	NGS CONSIDERED
ERT		and the second second	no	IN CEKIIPING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, fociory, street, olf	or obout 21 C. WHERE DID	(II In Boltimore City	, give exact location)
Z C	DEATH (notify medical examiner)	olc.)	The state of the s		
MEDI	21 D. TIME (Month) (Doy) (Youl (Houd)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
₹	(APPROX)	While At At Work			
	22. I certify that (i) (this hospital) attende	TOTA - AT TYOIR	_		
			Jan 25 1		Feb 10 1970
	that (i) (we) last saw the deceased alive			t in (my) (aur) apinian	death occurred on the c
	and haur and from the causes stated above	e. (i) (We) (dld) (d id not) vi	ew the body after death.		
	23A. SIGNATURE	(^		23 B.	DATE SIGNED
	Frederick & Valle	Atten Phys.	ding Med. Sirector	haff hys.	2-10-70
	23C.PHYSICIAN'S	DEGREE	3D. ADDRESS	.,	, , , , ,
	NAME (Typol]44	- TO BY ESS		
	23C. PHYSICIAN'S NAME (Typol	MD		Ro Rain	Marian
	FREDERICIC J VOLLM BURIAL CREMATION, 1248, DATE 1240	IER MD DEGREE	6100 PORK	RD BALTO.	Mo 21212
	BURIAL CREMATION, 24B, DATE 240 REMOVAL (Specify)	CO MD	6100 PORK		MD 21212
24A	RESPONDENCE JOLLM REMOVAL (Specify) BURIAL CREMATION, 24B, DATE 246 BURIAL 2/14/76	C. NAME OF CEMETERY OF CREATERY CONTROLLY ROSARY	6100 PORK MATORY 24D. LO EMETERY BA	RD BALFO. CATION (City, town Let' norse	MD 21212 vn, or county) (Store)
4A	RESPONDENCE JOLLM REMOVAL (Specify) BURIAL CREMATION, 24B, DATE 246 BURIAL 2/14/76	IER MD DEGREE	AATORY 24D. LO EMETERY DA 25G, FUNERAL DIRECTOR	Linore	MD. ADDRESS
4A	RESPONDENCE JOLLM REMOVAL (Specify) BURIAL CREMATION, 24B, DATE 246 BURIAL 2/14/76	C. NAME OF CEMETERY OF CREATERY CONTROLLY ROSARY	AATORY 24D. LO EMETERY DA 25G, FUNERAL DIRECTOR		MD. ADDRESS

and the same

Widow reliestes terde vocaber des

250

seek 8 miles

Franch Johnson Ho Fregerich TVommen MD

6100 Year 1/2 Baro 1/2

IMPORTANT

DIRECTOR:

FUNERAL

but is the information the wine Geolous J. Sumber he F. MI J. TAMBASTI M.D.

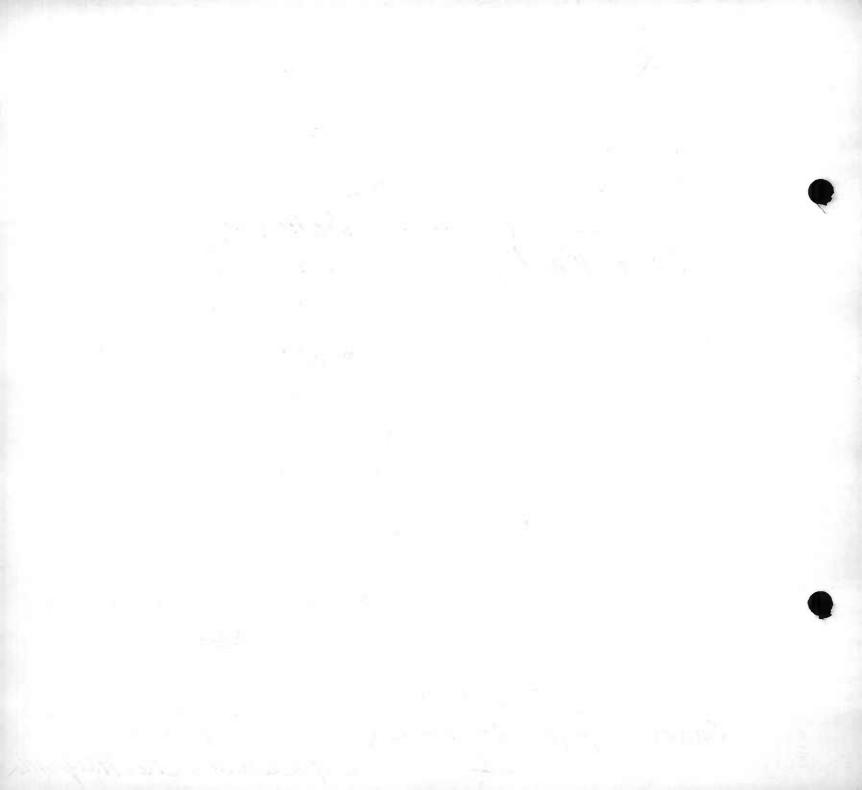
FUNERAL

VS 150-REV. 1/1/68



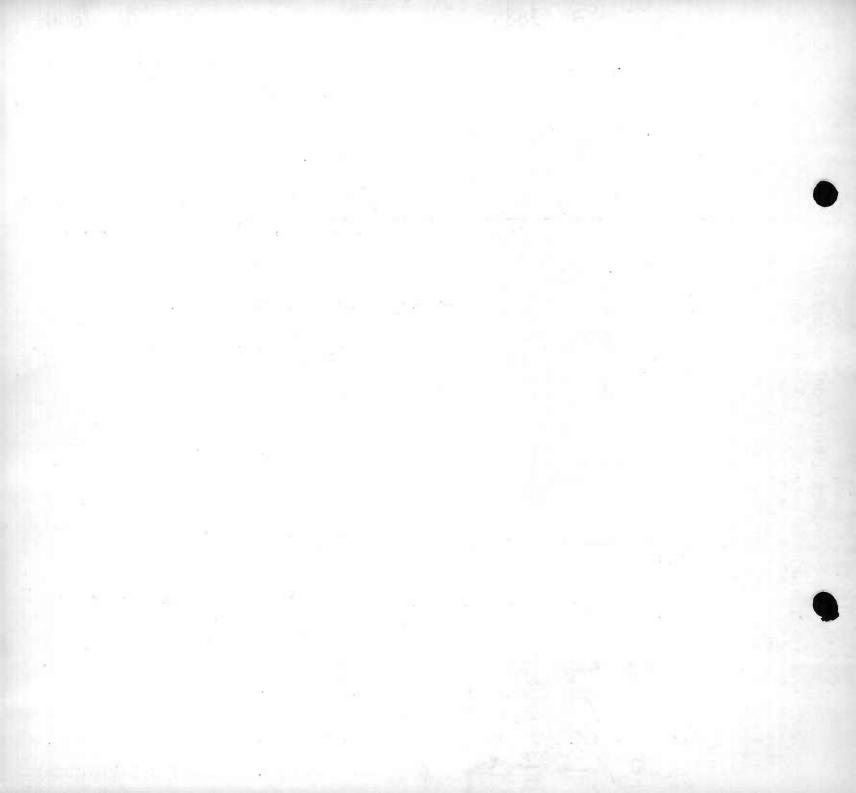
ORTANT	assistant if death occurred in a hospital and if the direct or contributing cause of death iny kind; (4) Undetermined cause; (5) Deceased ed death was in regular attendance on the deceased prior to death. Such or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

200	BALTIMORE CITY	HEALTH DEPARTMENT		
D-200 10 18:	* p-	TE OF DEATH	REG. NO.	70 1835
(Type or Print)		2. DATE AN	D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	14. USUAL RESIDENCE (Who	o deceased lived II institut	on: residence before admission!
FULL NAME OF THE NOT IN HOSPITAL ORDER	INCOLUMN COMPANY	A. STATE B. COUN	- 1/1 1 1	E 2 () ()
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C, CITY OR TOWN	D. INSIDE C	D D D D D
100/1		Bullo	YES	
Polluvissily of no	d	E. STREET AND NUMBER		1 - 101
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours) If	21234
M WID	RRIED NEVER MARRIED.		last bithday) Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
JOA, USUAL OCCUPATION (Give kind of working at		11. BIRTHPUA CE (State or fore	gn country! 12.	CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if retired)		Ballo h	cel	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	-
Tour Mad		Keama	Straut	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknawn) (It yes, give war ar dates of se	Wice) 16. SOCIAL	17. INFORMANT		ADDRESS
		Carl Rach	1734 Edgan	ood fol
18. 746.91	CAUSE OF DEATH		7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISÉASE OR CONDITION DIRECTLY				I d
(This does not mean the made at dying,	e.g., (A) IMMEDIATE CAU	SE HUPONO		12 /
heart failure, asthenia, etc. It means the di Injury ar complication which caused death.				
ANTECEDENT CAUSES	in It lu	ny altela	dai pn	enu
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating		A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c) Cony	enlo H.D	· conject	- talm.
Z OWER SIGNISION IN CONTROL		N ~		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING INAL +	une &	Thine.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DESCRIPTION OF THE TERM DISCRIPTION OF THE T	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES	IGS CONSIDERED
STAN ACCIDENT WAS UNDERLANDED			IN CERTIFYING CAUSES	OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examine)	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, aff	or about 21 C. WHERE DID	(If In Boltimore City,	give exect location)
21D-TIME (Manthi (Doy) (Your) (Have	etc.)			
21D-TIME (Manth! (Doy) (Yoor) (Haud	While At Not While	21F. HOW DID INJU	JRY OCCUR!	
	Wark L. At Work			
22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased alive	ded the deceased fram			19 7 0-
		19and tha		death accurred an the date
and have and from the causes stated abo		ew the bady after death.	11 an-	DATE SIGNED
Khemle Alle		ding Med.	Staff Dhys.	DATE SIGNED
23C. PHYSI CIAN'S NAME (Typel	GEGREE Phys.	3D. ADDRESS	Phys. 🗀	
IN KHAWLA AL.	12W08181 14.	- melinell	T Has	- al Marylad
24A BURIAL CREMATION, 24B. DATE	ACRAME OF CEMETERY OF CRE	MAJORY 24D. LO	CATION TELLY. TOW	n, or county) (Stotel
VUMIAV ZIRMI	Inmanu	1 //	mola h	d
1.0110				
	ME OF REGISTRAR	250 FUNERAL PHECTOR	oure -	17 ADDUESS

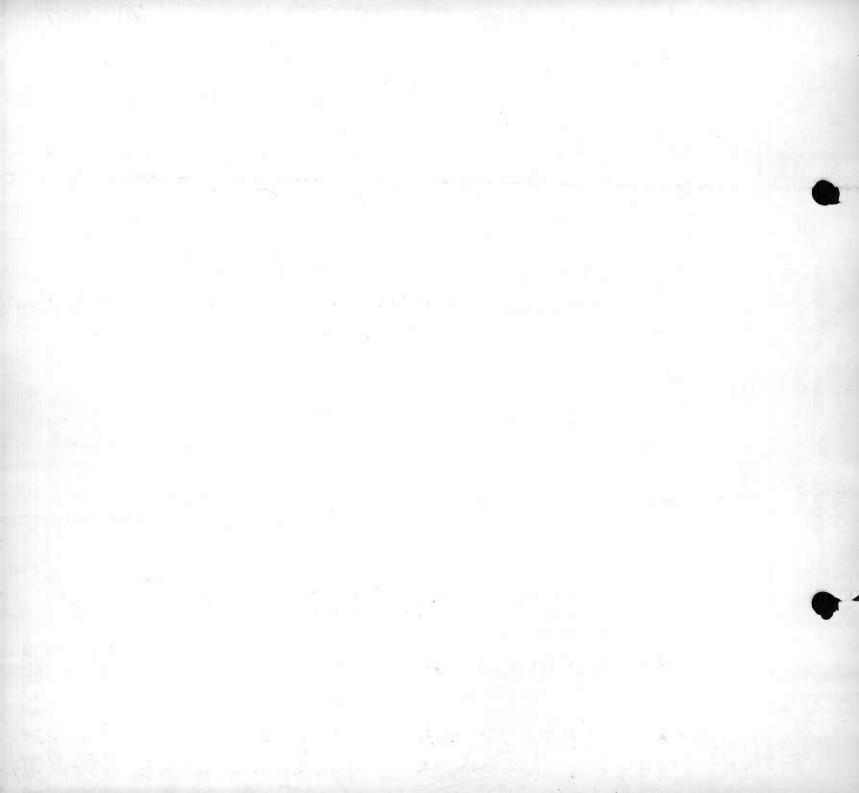


	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
	ospi se o 5) D ince
	se; (se; to to to
	ng cau
	buti ned lar d pr
	occu ontri ormi regu ase
	dete dete in in dece
	f de ct o ct o was he he
Z	dire dire dire dire disp
ETA	sista the kind dea
90	if if any ced
X	Also of oun
FUNERAL DIRECTOR: IMPORTANT	ctur ctur pron
T.	min fra ho egul
REC	exa (3) A in r
۵	dical cal ns; (icia vas
SAL	nedi bur bur phys
NE	Sody Sody he l
F	he c (2) E re t phy
	by the pita
	hos natu ept d (6)
	the any (exc
	d to d to t of ital ath)
	den den dec dec
	rela acci acci
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased privation approval must be obtained before the remains are embalmed or final disposition is made.
	s: (1)
	his chown
	下する 3 中 3

1	ייח	1020	BALTIMORE CITY	HEALTH DEPARTMENT		חניו	4000
4-15 () 10	1836	CERTIFICA	TE OF DEATH	REG. NO	70	1936
RTH NO.	CEASED			2. DATE AND	HOUR OF DEATH		
r intered	D. Laffoor	n		7.8	arm 121/2.1	676	4 450
	LTIMORE MARYLAND, V		JNCED DEAD	4. USUAL RESIDENCE (Where	decleased lived. If in		ce before admission
				A. STATE 8. COUNT			- 1
ULL NAME OF	ADDRESS OF LOC	TAL OR INSTITE	JTION, GIVE STREET	Maryland		<u>C</u>	001
NOITUTITZE				C. CITY OR TOWN Baltimore	D. INSI	DE CITY LIMITS	
218 N.	. Linwood Ar	venue				YES 🔣	NO L
00			n	218 N. Linwo	od Avenue		
. SEX	6. RACE	7. MARRIED	NEVER MARRIED		AGE (In years 61	If Under 1 Yr Manths Days	Hours Min.
Male	White	WIDOWED		June 18th, 190	8 62		
		rk 10 B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n cauntry)	12. CITIZEN C	F WHAT COUNT
_	f working life, even if retired)		7 0 1	Duggar, Ind	iana	IT	S.A.
Retire		Gener	al Contract	14. MOTHER'S MAIDEN NAM		0.	N • ZL •
				WOTHER 3 MAIDER HAM			
	d M. Laffoo			Ida Samples			
s. Was Decease	d Ever in U. S. Armed Fa	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
	2.2		344-03-2695	Blaney Laffoo	n 278 N	Tinwoo	OTT 6
No	No		CAUSE OF DEAT		II ZIO IV.		ROXIMATE INTERVAL
13	47		CAUSE OF PEAT	+ : ()			EN ONSET AND DE
DISEA	ASE OR CONDITION DI LEADING TO DEATH		We.	81. 10		17-	-3 MAS
(T): 1			(A) IMMEDIATE CAN	DE MIC MUC	ll -		
	nal mean the made of , asthenia, etc. It means		DUETO, OR AS	A CONSEQUENCE OF:			
	mplication which caused						
	ANTECEDENT CAUSE	ς					
DISEASES			(8)	A CONSEQUENCE OF:			
	OR CONDITIONS, if he above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:			
	IG CONDITION last.	ording in	(c)				
	- 11		,	00'	1 01		
OTHER SIGN	FICANT CONDITIONS CO	ONTRIBUTING	MITPI	Intle 70	to 101		
TO THE DEA	TH BUT NOT RELATED TO	THE TERMINAL	NYD	war L	O IN)		
	F OPERATION 198 COL	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	ISIDERED
19A. DATE O	WAS PE	RFORMED			IN CERTIFYING CA	USES OF DEAT	Н?
II 21 A ACCIDI	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltimar	e City, give exa	ct location)
OR CONTRIB	SUTING CAUSE OF	hometc	e, form, factory, street, a	ffice bldg., INJURY OCCUR?	p. III valimat		
U	y medical examiner)						11.51.0
OF INJURY	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
(APPROX.)			ile At Not Whi				
		Wo		1/21/10	4	7 /50	7,
22. Legrif	y that (1) (this hospita	al) attended t	he deceased fram	2011-64-69	10	- 15	19 ((
that (1) we) last saw the deceas	ed alive an	1-11-1	Ot 19 and tha	(n (my) (aur) apl	nion death ac	curred an the d
) (We) (did) (did not)	liew the bady after death.	2		
23A. SIGNAT		1	() (did) (did ildi)	The body offer death.		23B. DATE SIC	ENED
7 7	1	11-	/ (0/) AH	ending Med. S	haff	7 -11	170
1 ho		Luci	DEGREE Phy	s. Director L	hys.	1-1	7-10
23C. PHYSICI		1		23D. ADDRESS		7 1	
MAAAE	AN'S Tunel	1(1)-			agree !		- / 0 -
NAME	AN'S Type)	1917	DIK MI	429 5 (/10	· Tes &	1 -	21231
16	20./1	UZA	UIK MI)	429 S Che	eter &	1	21231
4A. BURIAL CR	EMATION, 24B. DATE	U121	DEGREE AME OF CEMETERY OF CR	429 S Che	CATION IC	ity, town, ar cau	2(23(
4A. BURIAL CR REMOVAL	EMATION, 24B. DATE (Specify)			429 S Clil EMATORY 24D. LO			D 3 L 34
4A. BURIAL CR REMOVAL Burial	EMATION, 24B. DATE	0 0a	k Lawn Ceme	429 S Clil EMATORY 24D. LO	cation (C) 25 Easter	n Ave	
4A. BURIAL CR REMOVAL Burial	EMATION, 24B. DATE (Specify) 2/16/7	0 0a		EMATORY 24D. LO tery 72 25C. FUNERAL DIRECTOR	25 Easter	n Ave l	Balto. M
4A. BURIAL CR REMOVAL Burial	EMATION, 24B. DATE (Specify) 2/16/7 D BY HEALTH DEPT.	0 0a	k Lawn Ceme	429 S Clel EMATORY 24D. LO tery 72	25 Easter	n Ave	Balto. Mo



		BALTIMORE CITY HEALTH DEPARTMENT 70 1837
1) -	210	CERTIFICATE OF DEATH
	oital and of death Deceased e on the ith. Such	I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	de de s	TANNARY 30, 1970 1,30 P. M.
	of of of the o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	M U	A. STATE B. COUNTY ROLL 15 4 M
	hos (5) and de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) O. INSTITUTION O. INSIDE CITY LIMITS?
	caus se; (senda	Dall was The
	E 3 4 L	E. STREET AND NUMBER
	TO	46 2810 Wirsor Ave BAlt. Md
	but lar lar	5. SEX 6. RACE 7. MADDIED NEWED MADDIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
-	contributermine termine regular ceased n is mad	Female Black WIDOWED DIVORCED JUNE 10, 1908 Lost birthdoy Months Doys Hours Min.
	ontri ontri ermi regu	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
	det det	done during most of working life, even if retired)
	90E 5 .=	MINISTER MINISTRY VITGINIA, DID, A.
	ref d (4) U (4) U war the ispos	T 10
5	dir dir	To IN Holloway MATY LIZA PISONS 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
A		15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 17. INFORMANT 17. INFOR
7	ssiste the kin dec nnce	NO - 218-36-5405 Ida 2220 GATTISON Blue DAK
IMPORTAN	if if if or load	CAUSE OF DEATH
9	den den	DISEASE OR CONDITION DIRECTLY
3	Als e o nou att	LEADING TO DEATH (A) IMMEDIATE CAUSE
••	1.00	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It meons the disease,
20	act act	injury or complication which caused deoth.)
Ĕ	Ho tr	ANTECEDENT CAUSES (B)
<u> </u>	XXX	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above couse (A) stating the
DIRECTOR:	_ e &	UNDERLYING CONDITION losi. (C)
	medical ledical burns; thysicia in was remain	
FUNERAL	medice edica burns hysici n was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
8	# E > 0.0 0	
7	od od od sic	199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltmore City, give exoct location)
5		U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In BoltImore City, give exect location)
-	the all by (2) ere o ph	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In BoltImore City, give exect locotion) OR CONTRIBUTING AUSE OF (both) OR CONTRIBUTING AUSE OF (both) OR CONTRIBUTING CAUSE OF (both) OR CONTRIBUTION CAUSE OF (both)
	wh wh	0
	osp osp pt pt (6)	21D. Time (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	A	(APPROX.) Work At Work
1	he ny exe	22. I certify that (I) this hospital) attended the deceased from 19 19
	4 a b	that (1) (we) last saw the deceosed clive on
	d to d to ital ath)	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
Circum	deatl	23A. SIGNATURE
*	3 0 0	Attending Med. Director Phys. Director Phys.
	0 0 0 0	23C. PHYSICIAN'S NAME (Type)
	An a prior	MAME (1900 /1) 61 to CN E/2 (00) (1) And only
	- Q L	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	3.00.	REMOVAL (Specify) (2) (2) (2) (2) (2) (2) (3)
	ws ws s D s D	25A, DATE REC'D BY HEALTH DEFT 25B, NAME OF REGISTRAR PLACE OF REGISTR
	This certification the body shows: (1) was D.O. deceased written a	+ EB 1 6 1970 Let & Jaskey M.D. Josephing 1900 Entan Cl. Balt. Mrs
	F = 0 > 0 >	VS 150-REV. 1/1/6B
		V V



VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT W-252 70 1838 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 1838

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JOHN W. WASHINGTON	2. DATE Known Month Day Year Hour OF DEATH Estimated January 30, 1970 M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL: ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Day Year Hour PRONOUNCED DEAD January 30, 1970 5:15 P. M. 5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
OO 1139 Vincent Street	A. STATE B. COUNTY /60/
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro widowed □ DIVORCED □	Baltimore YES NO NO
Mary 16, 1950 lost birthdoy) Months, Days, Haurs, Min.	1003 W. Lafayette Avenue
BALTIMORE, Med 12. CITIZEN OF WHAT COUNTRY?	allied W. Washington Sr.
4A. USUAL OCCUPATION (Give kind al work) 4B. KIND OF BUSINESS OR INDUSTR	Drothy CArter
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na or unknown) (If yes, give wor or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
NO 216-50-650	Royce Smith, 1003/ Lofayette But, 118
CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
neon tonore, astraina, etc. it incurs me disease,	CAUSE Early pneumonitis AS A CONSEQUENCE OF:
tnjury or camplication which coused death.)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	Intravenous narcotism AS A CONSEQUENCE OF:
_ UNDEXITING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No.)
0 2	
ONDERLYING OR CON IKIB. Indine, form, fociory, street, office	in or about 22C. WHERE DID (If In Boltimore City, give exact location) te bidg., etc.)
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED (APPROX.)	22F. HOW DID INJURY OCCUR?
	YORK L
I certify that I held on Inquiry Inspection Au	topsy X and that on this basis, death in my opinion
resulted from: Natural couses Accident Suicid	de Homicide Undetermined monner
ACTUAL (// A	CHIEF MEDICAL EXAMINER
SIGNATURE MAN JEL M.D	AS SISTANT MEDICAL EXAMINER AS DATE SIGNED
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER January 31, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Buri A 1 2/4/70 Mt. Duhum	10 pm
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FFR 1 G 1970 Robert E. Jasbey Me.	IR I BULGIT DU RILLIM

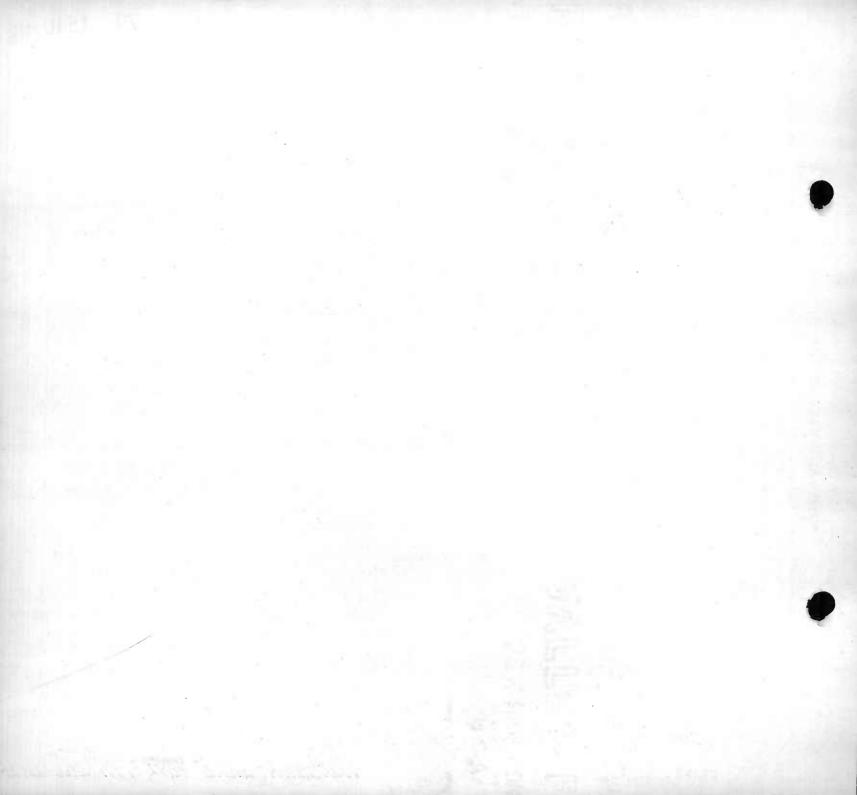
Letter from M.E.'s office 5-7-70 M.H.

1 3

3273

VS 151-REV. 1/1/68

30 WOTY 21 7 108 1. Conces day . Lage uniting C. C. LE. Dudyer whenever the order of the state of the second of the



VS 150-REV. 1/1/65

367 28 175 175 175 1 1 march 4 7 4 5 6

25A. DATE REC'D BY HEALTH DEPT. VS 151-REV, 1/1/68

Burial

258_NAME OF REGISTRAR

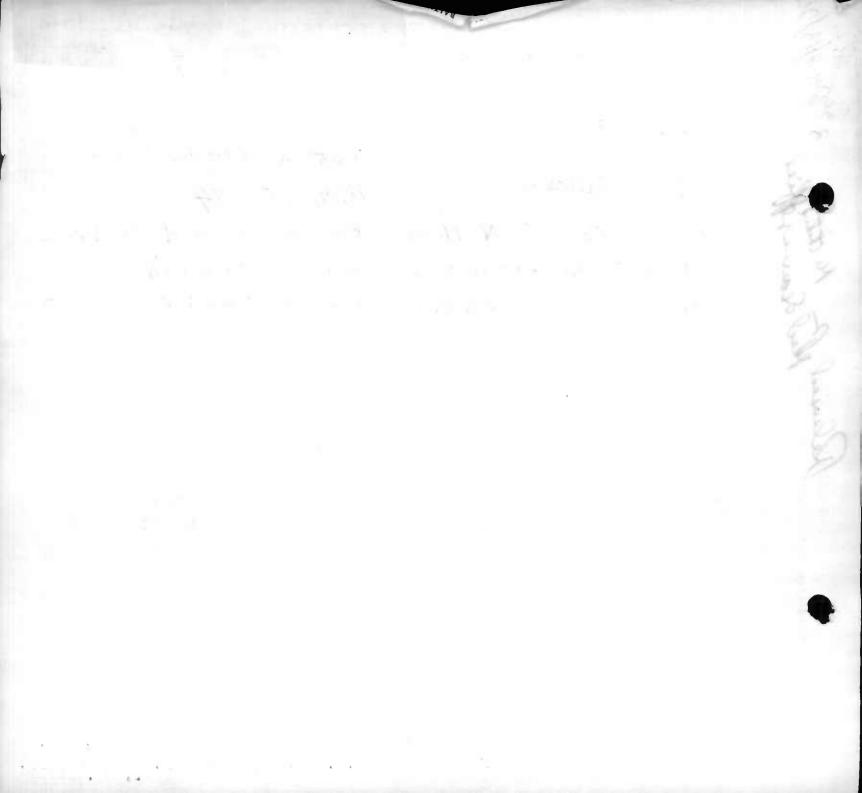
Druid Ridge

Pikesville. Balto.Co., Md. 25C. FUNERAL DIRECTOR H.W.Jenkins & Sons Co. 4905 York Rd.

Balto . Md.

作品可 - 5 Les controls and an accessorate A.CO. NEW TOTAL STREET T. IT. EDIC

5	1.) 195 HO 404	70 4040
sed the och	W-425 70 1843 CERTIFICATE OF DEATH REG. NO	70 1843
tal and f death on the h. Such	1. NAME OF DECEASED (Type or Print) CO ERTRUDE H. WILSON 2. DATE AND HOUR OF DEATH 2/13 70	(1/1- A. W
ath Doth	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased fived. It institution a STATE B. COUNTY	residence belore admission)
hosing danc	HOSPITAL OR ADDRESS OR LOCATION) HOSPITAL OR ADDRESS OR LOCATION)	1202
2000	Christ Removed Host City or 1940	
ar at at orion	E. STREET AND NUMBER Charles s	lt.
min min sed	5. SEX 6. RACE WILLOWED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours Month Month)	der 1 Yr. II Under 24 Hrs. B Doys Hours Min.
T S L	TAX HELLAN COURT TO MICE THE PROPERTY OF THE P	TIZEN OF WHAT COUNTRY?
Page 1	HOUSEWIFE OWN HOME BALTIMORE, Md	21. S.A.
we the special	The mental strategy water	
# # # 5 # 5 # 5 # 5 # 5 # 5 # 5 # 5 # 5	TULIUS K. HOF MANN PDELE. CHATIN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wer or doles of service) 16. SOCIAL SECURITY NO.	ADDRESS ROAD
Kind deat	WO SECURITY NO. 220-44-395 WILLIAM H.C. WILSON, 41	010110
or feed	18. // 2 S CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATSO ATSO TOUNCE THENDER	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE acute suggested in sufficiency	
2000	(This does not mean the made of dying, e.g., heart failure, asfhenia, etc. it means the disease, injury or camplication which caused death.)	• ••••••••••••••••••••••••••••••
fraction of property of the pr	ANTECEDENT CAUSES	
Sare	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION last. (C)	(D · H ·)
ef medical medical dy burns; p physicial was he remain		
chie chie Body the ysici	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S CONSIDERED
by the c pital by res; (2) B where t No ph)	U 21A-ACCIDENT WAS UNDERLYING 21B-PLACE OF INJURY (e.g., in or obout 21C. WHERE DID or CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	Ive exect location)
p at to	21D. TIME (Monih) (Doy) (Yeorl (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	
proventhe hand	22. I certify that (1) (this hospital) attended the deceased from	19_70_
of a of a life;	that (1) (we) last saw the deceased alive on 2/12 19 and that fn (my) (sur) opinion de	ath occurred on the date
bed pit	and have and from the causes stated above. (1) (We) (dld) (dld not) view the body after death.	
20.22.2	Attending Med. Staff Phys. Director Phys.	2/13/ U
certificate m sody was rel 7s: (1) An acci D.O.A. at a assed prior to	23G. ADDRESS NAME (Type) RIBAIN & MD DECRESS CHICA Mannial H	7
E-2000"	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town,	or county) (Stole)
This certif the body shows: (1) was D.O./ deceased written a	Cremation 2/16/70 Greenmount Baltimore	Md.
This the show was dece	H.W. Jenkins & Sons Co. 4	905 York Rd Md 21212
	VS 150-REV. 1/1/68	



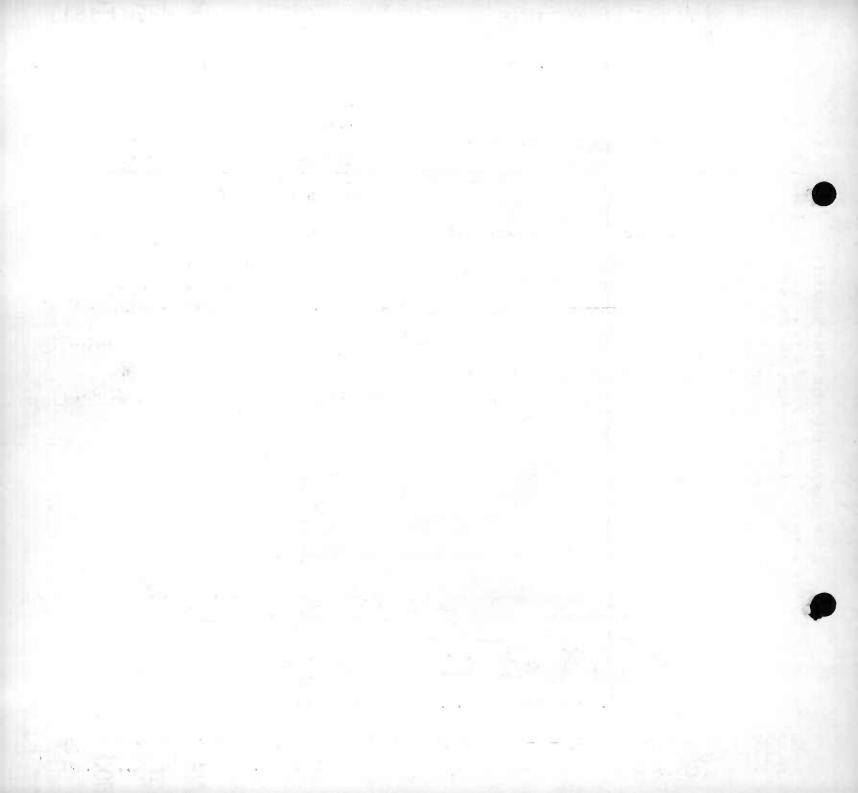
IMPORTANT

DIRECTOR:

FUNERAL

277.275 7 275.774 SINAL HOSPITAL 3400 SEC. THE LANG 10 W W SL 06/4/20 acoute Myera Lips . " " anna . Eggertenen Victor Berden M.D. Sing, Hispital

INAME OF DEC	PEASED			TE OF DE		D HOUR OF DEAT	TH .	
(Type or Print)	Frankford L.	Broden		2.		ary 9, 197		1:30 P
3. PLACE IN BAI	TIMORE, MARYLAND, W			4. USUAL RESIDE	NCE (Where	deceased lived, If		sidence before odmiss
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTITU ATION)	UTION, GIVE STREET	Maryland C. CITY OR TOWN Baltimo E. STREET AND N	re		NSIDE CITY LIA	2 / 4 NO []
1200	Occilian aver	146 212	.12	1208 00	chran	Avenue	21212	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19	AGE (In years	If Under	1 Yr. If Under 24
Male	White	WIDOWED		June 15,		ost birthdoy) 82	Months	Doys Hours Mir
			BUSINESS OR INDUSTRY				12. CITIZI	EN OF WHAT COUN
	working life, even if retired)							
Conduct		Rail	Road	Maryl				USA
13. FATHER'S NA				14. MOTHER'S MA				
Sa	muel Braden			Ma	ry Gle	n		
S. Wos Deceoses	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		1208 Coc	hran Arra	ADDRESS
	,			Mower D D	madan			
No			CAUSE OF DEAT	Mary R. B	radell	DRICIMOL	o, Mary	APPROXIMATE INTERV
DISEASES	aslhenia, elc. It means nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	death.) any, giving		OS Chrosis	OF:		S	everal y
DISFASES rise to 11 UNDERLYTN	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last.	death.) any, giving staling the		A CONSEQUENCE	OF:		S	averal y
DISFASES rise to 11 UNDERLYTH OTHER SIGNT TO THE DEA DISEASE OR 0	nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last.	any, giving staling the ONTRIBUTING HE TERMINAL RI (A).	(C)	A CONSEQUENCE		208, IF YES, WEI IN CERTIFYING (RE FINDINGS (CAUSES OF D	considered
DISFASES rise to 11 UNDERLYM OTHER SIGNM TO THE DEA DISFASE OR 0 19A. DATE O 21A. ACCIDE OR CONTRIB	ANTECEDENT CAUSES OR CONDITIONS, if le abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION [IVEN IN PAR F OPERATION [198. CON	any, giving staling the ONTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR FORMED	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, o	20A. AUTOPSY?	(Yes or No)	IN CERTIFYING	RE FINDINGS CAUSES OF D	EATH?
DISEASES rise to It UNDERLYTN OTHER SIGNT TO THE DEA DISEASE OR CONTRIB OR CONTRIB DEATH (notif	ANTECEDENT CAUSES OR CONDITIONS, if ie abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF	any, giving stating the ONTRIBUTING HE TERMINAL RT 1 (A). HOITION FORMED	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, o	20 A. AUTOPSY?	(Yes or No)) RE DID OCCUR?	IN CERTIFYING	CAUSES OF D	EATH?
DISEASES rise to It UNDERLYTN OTHER SIGNT TO THE DEA DISEASE OR C 19A. DATE O OR CONTRIB DEATH (notif	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 1988. CON WAS PER TOTAL CAUSE OF TOTAL CAUS	any, giving staling the ontributing the terminal indition for visit (Hour) 21E, Wh	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, o.) INJURY OCCURRED ite At Not Whi	20A. AUTOPSY? in or obout 21C. WHE ffice bldg, INJURY 0	(Yes or No)) RE DID OCCUR?	(If In Boltin	CAUSES OF D	EATH?
DISEASES rise to 1t UNDERLYTN OTHER SIGNT TO THE DEA DISEASE OR CO TIPAL DATE OF OR CONTRIB DEATH (notif) 21 D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if le abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER INT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Doy) (Year)	any, giving staling the ontributing the staling the ontributing the staling th	WHICH OPERATION PLACE OF INJURY (e.g., ne, form, foctory, street, o) INJURY OCCURRED ite At At Work	20A. AUTOPSY? in or obout 21C. WHE ffice bldg, INJURY C	(Yes or No) 3 RE DID 0 CCUR?	(If In Boltin	CAUSES OF D	exoct location)
DISEASES rise to It UNDERLYTN OTHER SIGNT TO THE DEA DISEASE OR CO 19A. DATE O OR CONTRIB DEATH (notif DEATH (notif) 21 D. TIME OF INJURY (APPROX.) 22. 1 certify	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF The medical examines (Month) (Doy) (Year)	any, giving staling the ontributing the ontrib	WHICH OPERATION PLACE OF INJURY (e.g., ne, form, foctory, street, o) INJURY OCCURRED ite At Not Whirk Not Work	20 A. AUTOPSY? in or obout 21 C. WHE ffice bldg, INJURY C	(Yes or No) RE DID CCUR?	(If In Boltin	CAUSES OF D	exoct locotion)
DISEASES rise to 1H UNDERLYIN OTHER SIGNIT TO THE DEA DISEASE OR (19 A. DATE O OR CONTRIB DEATH (notif) OF INJURY (APPROX.) 22. 1 certify that (1) (we	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER SINT WAS UNDERLYING UTING CAUSE OF The medical exominer (Month) (Doy) (Yeor) That (1) (this hospitoly) I last saw the decease	any, giving staling the staling term of the staling te	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, o) INJURY OCCURRED ite At Work he deceased from	20A. AUTOPSY? in or obout 21C. WHE flice bldg., INJURY 0	(Yes or No) RE DID OCCUR? V DID INJU	(If In Boltin	CAUSES OF D	exoct locotion)
DISEASES rise to 1H UNDERLYIN OTHER SIGNIT TO THE DEA DISEASE OR (19A. DATE OF OR CONTRIB DEATH (notif) 21 D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we ond hour or	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER SINT WAS UNDERLYTING UTING CAUSE OF The medical exominer (Month) (Doy) (Yeor) That (1) (this hospitol) I last saw the decease Indeed of the causes started the causes started the causes started and from the cause start	any, giving staling the staling term of the staling te	WHICH OPERATION PLACE OF INJURY (e.g., ne, form, foctory, street, o) INJURY OCCURRED ite At Not Whirk Not Work	20A. AUTOPSY? in or obout 21C. WHE flice bldg., INJURY 0	(Yes or No) RE DID OCCUR? V DID INJU	(If In Boltin	causes of D	exoct location) 19 Z h occurred an the
DISEASES rise to 1H UNDERLYIN OTHER SIGNIT TO THE DEA DISEASE OR (19A. DATE OF OR CONTRIB DEATH (notif) 21 D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER SINT WAS UNDERLYTING UTING CAUSE OF The medical exominer (Month) (Doy) (Yeor) That (1) (this hospitol) I last saw the decease Indeed of the causes started the causes started the causes started and from the cause start	any, giving staling the staling term of the staling te	WHICH OPERATION PLACE OF INJURY (e.g., te, form, loctory, street, or ling) INJURY OCCURRED ite At Not Whith At Work he deceased from	20 A. AUTOPSY? in or obout 21 C. WHE ffice bldg, INJURY 0	(Yes or No) RE DID OCCUR? V DID INJU	(If In Boltin URY OCCUR? 9 55 to 7 It in (my) (aur) o	CAUSES OF D	exoct location) 19 7 h occurred an the
DISEASES rise to 1H UNDERLYIN OTHER SIGNIT TO THE DEA DISEASE OR (19 A. DATE O OR CONTRIB DEATH (notif OF INJURY (APPROX.) 22. 1 certify that (1) (we ond hour or	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER SINT WAS UNDERLYTING UTING CAUSE OF The medical exominer (Month) (Doy) (Yeor) That (1) (this hospitol) I last saw the decease Indeed of the causes started the causes started the causes started and from the cause start	any, giving staling the staling term of the staling te	WHICH OPERATION PLACE OF INJURY (e.g., te, form, loctory, street, or ling) INJURY OCCURRED ite At Not Whith At Work he deceased from	20 A. AUTOPSY? 21 F. HOW 21 F. HOW 21 F. HOW 21 F. HOW Meding Med.	(Yes or No) RE DID CCUR? V DID INJU	(If In Boltin	ppinian death	exoct location) 19 7 h occurred on the
DISFASES rise to 11 UNDERLYIN OTHER SIGNIT TO THE DEA DISFASE OR (1) 19.A. DATE O 21A. ACCIDE OR CONTRIB DEATH (nois) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we ond hour or 23A. SIGNAT	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER WAS UNDERLYING UTING CAUSE OF The medical examines) (Month) (Doy) (Year) That (1) (this hospital) I last saw the decease and from the causes star ORE	any, giving staling the staling term of the staling te	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, or in the first of the form). INJURY OCCURRED it At Work he deceased from the foctory.	20 A. AUTOPSY? 21 F. HOW 21 F. HOW 21 F. HOW 21 F. HOW Meding Med.	(Yes or No) RE DID CCUR? V DID INJU	(If In Boltin URY OCCUR? 9 5 5 to 7 at in (my) (aur) c	ppinian death	exoct locotion) 19 7 h occurred an the
DISFASES rise to 11 UNDERLYTN OTHER SIGNITION TO THE DEAD DISFASE OR CONTRIB DEATH (notif 21 D. TIME 21 D. TIME (APPROX.) 22. 1 certify that (1) (we ond hour or 23A. SIGNAM	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF Ty medical examines) (Month) (Doy) (Year) That (1) (this hospital) (Ant's Type)	any, giving staling the ontributing the terminal and the	WHICH OPERATION PLACE OF INJURY (e.g., ne, form, foctory, street, of the street,	20 A. AUTOPSY? in or obout 21 C. WHE ffice bldg, INJURY 0 21 F. HOW 21 F. HOW 21 F. HOW 22 D. ADDRESS	(Yes or No) RE DID OCCUR? V DID INJU	IN CERTIFYING ((If In Boltin URY OCCUR? 9 5 to 7 It in (my) (aur) o	ppinian death	exoct location) 19 7 h occurred an the E SIGNED 2 7 0
OTHER SIGNET TO THE DEAD DISEASE OR CONTRIBUTION TO THE DEATH (notification of injury (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we ond hour or 23A. SIGNATION AME (24A. BURIAL CRI	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO T TONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF The condition of th	any, giving staling the ontributing the terminal approximation for the terminal approximation for the dalive an approximation for the cook	WHICH OPERATION PLACE OF INJURY (e.g., ne, form, loctory, street, of the local street, of th	20A. AUTOPSY? 20A. AUTOPSY? 21F. HOW 21F. HOW 21F. HOW 21F. HOW 22D. ADDRESS 2431 Mar	Yes or No) RE DID OCCUR? V DID INJU and the er death.	(If In Boltin URY OCCUR? 9 5 5 to 7 It in (my) (aur) of Phys.	ppinian death	exoct locotion) 19 7 h occurred an the E SIGNED 2 7 0
DISEASES rise to It UN DERLYTN OTHER SIGNT TO THE DEA DISEASE OR CO 19A. DATE O 21A. ACCIDE OR CONTRIB OF INJURY (APPROX.) 22. I certify that (1) (we ond hour or 23A. SIGNAT 23C. PHYSICI. NAME (24A. BURIAL CRI REMOVAL	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examines) (Month) (Day) (Year) That (1) (this hospital y th	any, giving staling the ontribution for the terminal point of the	WHICH OPERATION PLACE OF INJURY (e.g., re, form, foctory, street, or ite At Nort Whith At Work he deceased from DEGREE AME of CEMETERY or CR	20A. AUTOPSY? 20A. AUTOPSY? In or obout 21C. WHE ffice bldg., INJURY C 21F. HOW 21F. How 21F. How 22F. How 23D. ADDRESS 2431 Mar EMATORY	(Yes or No) RE DID CCUR? DID INJU and the er death.	(If In Boltin URY OCCUR? 9 55 to 7 It in (my) (aur) of the state of	ppinian death 238. DATE 21timore (City, town, or	exoct locotion) 19 7 h occurred on the E SIGNED 2 7 0 e, Maryland county) (State
DISEASES rise to It UNDERLYTN OTHER SIGNT TO THE DEA DISEASE OR CO 199A. DATE O OR CONTRIB DEATH (notif 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we ond hour or 23A. SIGNAT 24A. BURIAL CRI REMOVAL BUTI	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. FICANT CONDITION S CONTROL TO THE STATE OF THE	any, giving staling the ontribution for the terminal (Hour) 21E, who would be above. (In the cool of t	WHICH OPERATION PLACE OF INJURY (e.g., re, form, foctory, street, or rich at Work he deceased from the deceased from th	20A. AUTOPSY? 20A. AUTOPSY? In or obout 21C. WHE ffice bldg., INJURY 0 21F. HOW 21F. HOW 22F. HOW 22F. HOW 23D. ADDRESS 2431 Mar EMATORY	(Yes or No) RE DID CCUR? V DID INJU and the er death. 24D. LC Bal	IN CERTIFYING ((If In Boltin URY OCCUR? 9 5 5 to 7 at in (my) (aur) of the control of the c	ppinian death 238. DATE 231. City, town, or	exoct locotion) 19 7 h occurred an the E SIGNED 2 7 0 e, Maryland c county) (Sta
DISEASES rise to It UN DERLYTN OTHER SIGNT TO THE DEA DISEASE OR CO 19A. DATE O OR CONTRIB DEATH (notif 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we ond hour or 23A. SIGNAT 24A. BURIAL CRI REMOVAL BUTI	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TA FOPERATION 198. CON WAS PER INT WAS UNDERLYING UTING CAUSE OF The medical examiner) (Month) (Doy) (Yeor) That (1) (this hospital That (1) (thi	any, giving staling the ontribution for the terminal (Hour) 21E, who would be above. (In the cool of t	WHICH OPERATION PLACE OF INJURY (e.g., re, form, foctory, street, or ite At Nort Whith At Work he deceased from DEGREE AME of CEMETERY or CR	20A. AUTOPSY? 20A. AUTOPSY? In or obout 21C. WHE ffice bldg., INJURY C 21F. HOW 21F. HOW	(Yes or No) RE DID CCUR? V DID INJU and the er death. 24D. LC Bal DIRECTOR	IN CERTIFYING ((If In Boltin URY OCCUR? 9 5 5 to 7 It in (my) (aur) of the control of the c	ppinian death 238. DATE 238. DATE (City, town, or	exoct locotion) 19 7 h occurred an the signed 2 7 0 e, Marylar (sounty) (source) (source)
DISEASES rise to It UN DERLYTN OTHER SIGNT TO THE DEA DISEASE OR CO 19A. DATE O OR CONTRIB DEATH (notif 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we ond hour or 23A. SIGNAT 24A. BURIAL CRI REMOVAL BUTI	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TECNNITION GIVEN IN PART F OPERATION 198. CON WAS PER TOTAL CAUSE OF the property of the causes stated from the cause stated from the caus	any, giving staling the ontribution for the terminal (Hour) 21E, who would be above. (In the cool of t	WHICH OPERATION PLACE OF INJURY (e.g., re, form, foctory, street, or rich at Work he deceased from the deceased from th	20A. AUTOPSY? 20A. AUTOPSY? In or obout 21C. WHE ffice bldg., INJURY C 21F. HOW 21F. HOW	(Yes or No) RE DID CCUR? V DID INJU and the er death. 24D. LC Bal DIRECTOR	IN CERTIFYING ((If In Boltin URY OCCUR? 9 5 5 to 7 It in (my) (aur) of the control of the c	ppinian death 238. DATE 238. DATE (City, town, or	exoct locotion) 19 7 h occurred an the signed 2.70 e, Marylan r county) (St



VS 150-REV. 1/1/68

MARILL AT A P •

The state of the s	BALTIMORE CITY	HEALTH DEPARTMENT	7 PEC NO. 17	0 1847
511111110.	CERTIFICA	TE OF DEATH	REG. NO.	O LO-LV
Type or Print FREDERICK	GOHEN	E BURNER	9/11/10	1 0:05 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED		4. USUAL RESIDENCE (Where dec	eosed lived. It institution:	residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	Maryland. AAC	D. INSIDE CITY	5200
South Ball more general Ho	ospital.	Balt: more	YES &	
43		5217 Wase	na ave.	
5. SEX 6. RACE 7. MARRIED NEV WIDOWED	DIVORCED	6/9/92 last b	77	er 1 Yr. If Under 24 Hrs. Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINI	SS OR INDUSTRY	11. BIRTHPLACE (State at faraign ca	(untry) 12, C17	ZEN OF WHAT COUNTRY
folme AL R. M. M.	A.	Vizginia.		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Farnie		
15. Was Deceased Ever in U. S. Armed Farcas? (Yes, na or yaknown) (If yes, giva war ar dotas af service) SEC	CIAL CURITY NO.	17. INFORMANT		ADDRESS
	10-6412-A	7 Amily	")4 m	· CE
DISEASE OF CONDITION DIRECTLY	AUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU		ory arrest	
iThis does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:		0
ANTECEDENT CAUSES	Prolon	nged shock		12 hs.
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		10
rise to the above cause (A) stating the UNDERLYING CONDITION last,	(c) Abdon	rinal aneurysi		2 moulting.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISTRIBUTIONS CONTRIBUTING DISTRIBUTION RELATED TO THE TERMINAL	Artenose	Brown Heart	Disease, 8:	ni lily.
DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 12/10/70 WAS PERFORMED 12/10/70	OPERATION Welling Jun.	20A. AUTOPSY? (Yes ar No) 20B.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF	CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar) 21B. PLACE home, form, etc.)	OF INJURY (a.g., in	or obout 21 C. WHERE DID	(If In Baltimore City, giv	ve axoct lacation)
OF INJURY (APPROX.) ODITION (Manth) (Day) (Year) (Hour) 21 E INJURY (APPROX.)	OCCURRED Not White	21F. HOW DID INJURY O	CCUR?	
Wark L	J At Work		- O	11
22. I certify that (1) (this haspital) attended the dece that (1) (we) last saw the deceased alive an	2 / 11 /	19 70 and that In (th accurred an the date
and have and from the causes stated above, (I) (We) (did) (did nat) vi		,, (au) apilian aua	in deconed an the daily
22 A. SIGNATURE ROJE clariurales, U.S.	Physic	ding Med. Staff Phys.	23 B. DA	2 //1 / 70.
DEC. PHYSICIAN'S NAME (Type) Veil Novin		3D. ADDRESS Ball Bal	limoro Ce	wal Hopp.
	CEMETERY OF CREA	MATORY 24D. LOCATI	ON (City, town, o	or county) (State)
FEB 16 970 Pober & Name OF REGIS	- /	25C, FUNERAL DIRECTOR	OF EN	ADDRESS -
VS 150-REV ₂ 1/1/6B	2 32	Wire Cevily 50	1 / UK	7,0



FUNERAL DIRECTOR:

W-200	FIFICATE OF DEATH REG. NO. 70 1848
1. NAME OF DECEASED EAKS, MONICA LYNN	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE S ADDRESS OR LOCATION) JOHNS HOPKINS HOSPITAL	TREET A. USUAL RESIDENCE IWhere deceased lived, If institution: residence before admission MARYLAND C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER 1708 N. DURHAM STREET
FEMALE NEGRO WIDOWED DIVO	RRIED X 8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs Months; Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR done during most of working life, even if refired)	INDUSTRY 11. BIRTHPLACE (Slote or loreign country) 12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME WILLOAM WHITEFIELD 5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY	14. MOTHER'S MAIDEN NAME BERNICE PEAKS 17. INFORMANT ADDRESS
heat loiture, asthenia, etc. It means the discose, injury or complication which coused deoth.) ANTECEDENT CAUSES (8)	BETWEEN ONSET AND DEATH FOLIATE CAUSE CAUSE CAUSE SESPINATION OF ARCEST SAN FOLIATE CAUSE CAUSE CAUSE OF: FOLIATION OF AS A CONSEQUENCE OF: FOLIATION OF AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
WAS PERFORMED WAS PERFORMED CASTRIC PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUNE 21B. PL	Yes IN CERTIFING CAUSES OF DEATH? NO
21D. TIME (Month) (Doy) IYeor) IHour 21E, INJURY OCCU While At Work	RRED 21F. HOW DID INJURY OCCUR? Not While At Work
22. I certify that (I) (this haspital) attended the deceased fithat (I) (we) last saw the deceased alive an	19 70 and that In(my) (aur) apinian death accurred an the date
23CPHYSICIANS NAME IType)	Attending Med. Staff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS
A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETE	DEGREE The Johns Hopkins Hospital RY of CREMATORY Pkins Hospital 601 N. Broadway Balto, Md.
FEB 17 1970 See 150. REGISTRAR	25C. FUNERAL DISPOSAT. ADDRESS



7-520 70 1849 BALTIMORE CIT	TY HEALTH DEPARTMENT	70 1010
1-520 70 1849 CERTIFICA	ATE OF DEATH REG. NO.	70 1849
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
Baby Boy Thomas	1039A 2/13	170 · M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institute. A. STATE 8. COUNTY	tion residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Carroll	36-00
HOSPITAL OR ADDRESS OR LOCATION)		CITY LIMITS?
30	Westminster YE	S NO
The Johns Hopkins Hospital	Rt. #6	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED MARRIED WIDOWED DIVORCED	lost birthdoy) M	Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min. 20 30
Male Negro WIDOWED DIVORCED	PY 11 SIRTHER ACE (State or forcing country)	2, CITIZEN OF WHAT COUNTRY
dane during most of working life, even if retired)	11. Six in Eact (Side of Tolergin Country)	Z, CHIZEN OF WHAT COUNTRI
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph	Judith	
S. Was Deceased Ever in U. S. Armed Forces? Yes,no or unknown (II yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18. 7 76.9 1 CAUSE OF DEA	A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Amarila	
(This does not meen the made of dying, e.g., (A) IMMEDIATE CA DUE TO, OR A	AUSE // O CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)		
ANTECEDENT CAUSES	shows t (Muse)	10/26
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	AS A CONSEQUENCE OF:	119 2
rise to the above cause (A) stoling the	e us tresi la	
UNDERLYING CONDITION Iosi. (C)	30-01-05-05	
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	0	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE	DINGS CONSIDERED
198. CONDITION EOR WHICH OPERATION WAS PERFORMED	4es IN CERTIFYING CAUSE	NO NO
U 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INITIRY (e.g.	office bldg., INJURY OCCUR?	ty, give exact location)
DEATH (notify medical examiner) etc.)	ones stage, into out a cook.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	hite	
22. I certify that (I) (this haspital) attended the deceased from	2/12 19 70 to 2	113 1970
that (1) last saw the deceased alive an \(\tau\) (3	19 70 and that i (m) (aur) apinior	***************************************
and haur and fram the couses stated above (1) (We) (did) (dld nat)	view the body ofter death.	
23A. SIGNATURE		B. DATE SIGNED
al a market and the last of the last	thending Med. Staff hys. Director Phys.	2/13/70
23C. PHYSICIAN'S NAME (Type)	23D. ADDRES	1.01.
Kenneth Roberts, M.D.	John House to	so Bulthed.
DEGRE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		wn, or county) (State)
Cremation 2/13/70 Johns Hopkins	s Hospital 601 N. Broadw	av Balto., Md.
25A. DATE REC' NEW WEALTH DEPT. 258 NAME OF REGISTRAR	2SC. FUNERIC CHESTAT DISPOS	ADDRESS
FEB 17 1870 (William En Hankey M.D.	TOOLITAIN DINE ON	

had been fill demilet Stockers

NO

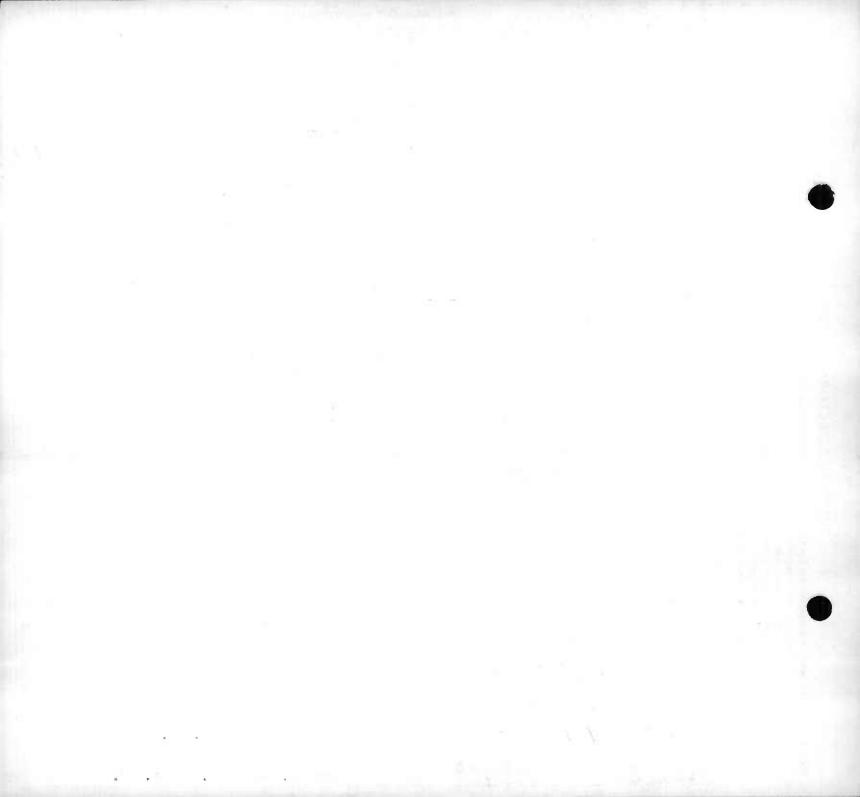
Hours

If Under 24 Hrs.

(State)

IMPORTAN DIRECTOR: FUNERAL

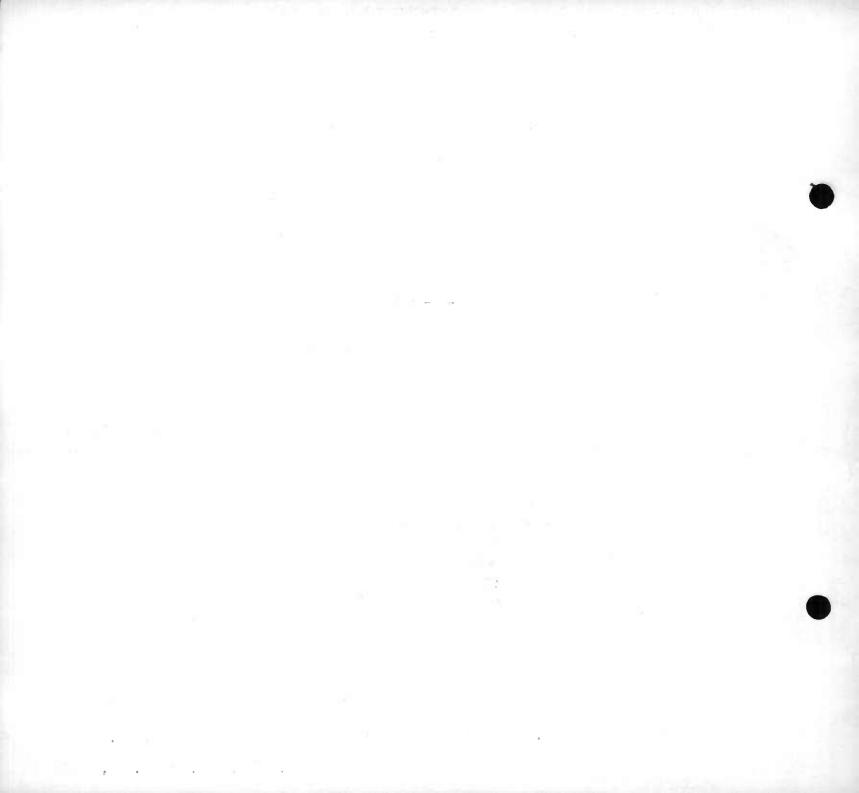
VS 150-REV. 1/1/68



	./ - \	BALTIMORE CITY	Y HEALTH DEPARTMENT		
	H-560 70 1	OFA	TE OF DEATH	REG. NO.	70 1851
1	IRTH NO.	CERTIFICA			
	Type or Print) WILLIAM HEN	PV	2, DATE AN	D HOUR OF DEATH	05
	PLACE IN BALTIMORE, MARYLAND, WHERE P	PONOLINCED DEAD	2./4-	10 6	FM M. stilution: rosidence before admission)
- 11			A. STATE Md. B. COUN	o doccoosed lived. It ins TY	itilution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET			2748
34			Baltimore	D. INSI	DE CITY LIMITS?
410	2 SINAI HOSPITAL	of BALTIMORE	E. STREET AND NUMBER		YES X NO .
			430 400	edire Ave	#10
5.	SEX 6. RACE 7. MA	RRIED NEVER MARRIED	Lucy	AOE (In years	
	0.1	OWED DIVORCED	17/21/09	ast birthdoy)	Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 10B. Kil	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Toroig	in Country)	12. CITIZEN OF WHAT COUNTRY?
	one during most of working life, even if refired) Western Hlec:		Penna.		
13	- FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE .	USA
	Unknown		NAM HARBEIT NAM		
15	Was Deceased From in II S A I F 4	1 6 SOCIAL	17. INFORMANT	Unknown	
la.	es, no or unknown) (If yes, give wer or doles of ser	216-03-5765			ADDRESS
_	18		Mrs. Harriett H	enry	(Same)
	400,700,000	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CEREB	BROVASCULAR	ACCIDEN	IT a
	(This does not meen the mode of dying,	e.g., (A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	***********	60 min.
	heart failure, asthenia, etc. It means the dis injury or complication which coused deoth.)			11000 0.0	Cita
	ANTECEDENT CAUSES	HISIEK	WELLEROTIC	UASC. UIS	FASE years.
	DISEASES OR CONDITIONS, if ony,	iving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	***************************************
	nise to the above cause (A) stating UNDERLYING CONDITION lost.				
	ti	(c)		****************	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING _			
A	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL DIABET	ES MELLI	7US	years.
CERTIFICATION	19A DATE OF OPERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Tes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED
ERT			1	IN CERTIFYING CAUS	SES OF DEATH?
	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	City, give exect location)
CAL	DEATH (notify medical examined)	elc.)			
AEDI	21D. TIME (Month) (Doy) (Teel (Houd) OF INJURY	21E (NJURY OCCURRED	21F. HOW DID INJUI	RT OCCUR?	
	(APPROX.)	While AI Not While At Work			
	22. I certify that (#) (this hospital) attend	led the deceased from	7./2.70 19		14.70 19
	that (1) (we) last sow the deceased alive	on 2:14.70			on death occurred on the date
	and hour and from the couses stated above	re. (#) (We) (did) (did not) vi	ew the hady after death	integra (con opini	an again occurred ou tue dote
	23A. SIGNATURE	^	on the body diter decins	12	38. DATE SIGNED
	Modernein	nh M D. Atten	ding Med. St		2.14.70
	23C. PHTSICIAN'S NAME (Type)	12	3D. ADDRESS	198, 122	21770
	M. BODENHO	EIMER, M.D.	Sir	nai Hospital	
24/	REMOVAL (Specify) 24B, DATE 24	C. NAME of CEMETERT of CREA			town, or county) (State)
	Rotto Tale (obactit)	Baltimore Nationa		Baltimore,	·
25	DATE REC'D BY HEALTH DEPT 258. MA	MA OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	FEB 17 1970 The E. Va	Bey M.D.	Leonard J. Ruch	c, Inc. Balt	io. Md. 21214
WS.	150-REV. 1/1/68		1-0-11-0-2	-	



1-620	BALTIMORE CIT	Y HEALTH DEPARTMENT		20 4050
BIRTH NO. 70	1852 CERTIFICA	ATE OF DEATH	REG. NO.	70 1852
I. NAME OF DECEASED		2. DATE AND H	OUD OF DEATH	
(Type or Print) Amoss Estelle S.		01,-1	- in	
3. PLACE IN BALTIMORE MARYLAND, WHE	BE PRENEUNCED DEAD	4. USUAL RESIDENCE (Where de		м
	OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY	ceoseo iived, ir institutio	2733
INSTITUTION		C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
UMON METORIAL KO	BUNKE	Bulto	YES	NO
3grd Shut Baltimore M	d	E. STREET AND NUMBER 47 13 Gundan	.0	
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	I 8. DATE OF BIRTH 9. A	GE (In years III U	nder 1 Yr. , II Under 24 Hrs.
male white	VIDOWED DIVORCED	107-08-89 lost	birthdoy) Mont	nder 1 Yr. II Under 24 Hrs. ths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 done) during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign c	ountryl 12. (CITIZEN OF WHAT COUNTRY
horswik		$m \sim 1$		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		0.0.19.
Frank Shipley	1	t.	t known)	
5. Was Deceased Ever in U. S. Armed Forces Yes, no or unknown! (II yes, give wor or doles o		17. INFORMANT		ADDRESS
no	SECURITY NO. 217-16-1942	Adelene - (M) 17. INFORMANT Son, George V. P.	arl 7208	Hekan Blod.
18. 41.33.91	CAUSE OF DEA	TH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	TLY	00.1	+	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	USE cerebral infa	ncl	1
(This does not mean the mode of dy	ind. e.c.	A CONSEQUENCE OF:		***********
heort loiture, asthenia, etc. It means the injury or camplication which caused de	oth.)			
ANTECEDENT CAUSES				
	(B)			
DISEASES OR CONDITIONS, il any rise lo lhe abave cause (A) sla	, giving DUE TO, OR A	S A CONSEQUENCE OF:		
UNDERLYING CONDITION last	(C)			1 (D.H.)
11				
OTHER SIGNIFICANT CONDITIONS CONTR	IRLITING			
TO THE DEATH BUT NOT RELATED TO THE T	ERMINAL			
O DISEASE OR CONDITION GIVEN IN PART 1	ON FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 201	IE VEC WERE EINDIN	CS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR	MED	Yes IN	LIF YES, WERE FINDING CAUSES O	F DEATH?
21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTHONE	le es el estat de la serie de		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	office bidg., INJURY OCCUR?	(Il in Boltimore City,	give exoci lacotion)
O 21D-TIME (Month) (Doy) (Year) (loud 21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUP?	
S (APPROX)	While At Not Whi			
(AFFROX)	Work L At Wark		91.7-5.	
22. I certify that (I) (this hospital) a	tended the deceased from	2/8 197	to to 2/15	19 70
that (1) (we) last saw the deceased a	live on 2/15		,	eath accurred an the date
and have and from the causes stated	abave. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE			23 B. D	ATE SIGNED
Ma La	AH AH	ending Med. Staff	en e	1-2
23C. PHYSICIAN'S	DEGREE Phy		A /	00
NAME (Type) ()-P. MY KAT		0.00	lant theek	Bullo Md
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCAT	ION (City, town	, or county! (State)
Burial 2/18/70.	Baltimore Cemet		Baltimore,	
			per ongote,	na,
FEB 17 1970 Pales 4.	ANAME OF REGISTRAR	25C. FUNERAL DIRECTOR Leonard J. Ruck	, Inc. Balto	ADDRESS Md. 21214
/S 150-REV. 1/1/68				



DIRECTOR:

STUDENT STEERING OF THE STREET . F. Cont.

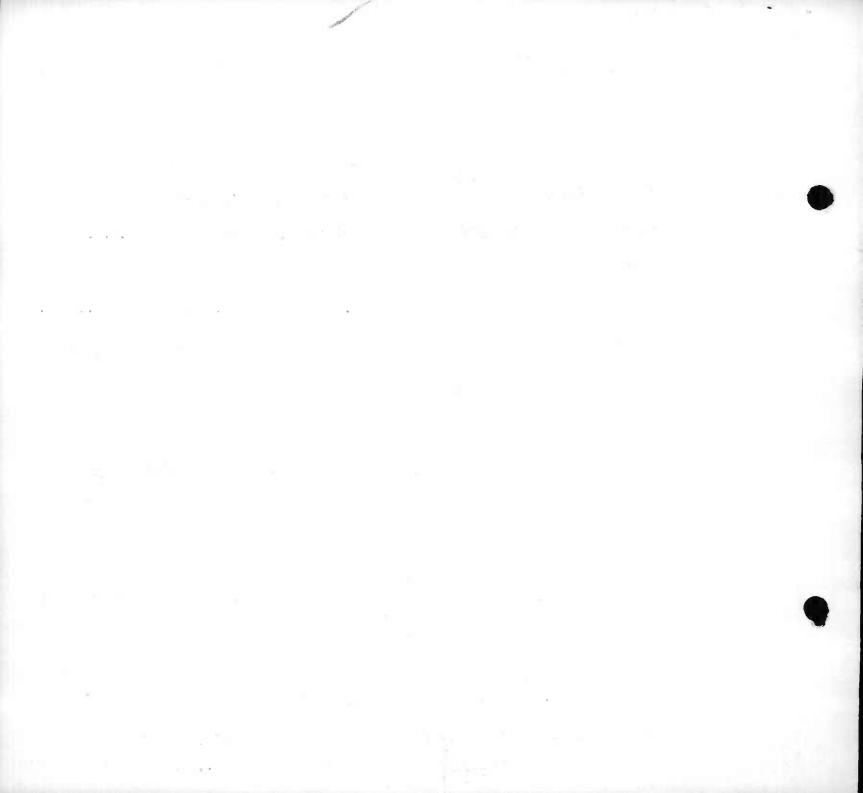
DIRECTOR:

FUNERAL

VS 150-REV, 1/1/6B

THE RESERVE TO STATE OF THE STATE OF MI NOW THE WARR A si configuration swell-MERCH . A PROPERTY. E II STORY E POLICE CM WATER

5 211	1 70	1855	BALTIMORE CIT	Y HEALTH DEPARTMEN	NT	
BIRTH NO.	1 .0	1000	CERTIFICA	TE OF DEAT	H REG. NO	70 1855
1. NAME OF DEC	IEGEL,	MOR	ere LS DAVID	2. DA	TE AND HOUR OF DEATH	713
	TIMORE, MARYLAND			4. USUAL RESIDENCE	IWhere decoosed lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OF FO	CATION	TUTION, GIVE STREET	MD. BAL	TIMORE CIT	IDE CITY LIMITS?
SINAIA	HOSPITA	LNE	BALTIMORE,/	BAJIM		YES NO
42				2510 KE	ELLIM RD	
S. SEX MALE	6. RACE	E WIDOWE		1/23/XX	6 9. AGE (In years last birthday) 54	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCI done during most of PROPRIE	working life, even if rettre	d)	OF BUSINESS OR INDUSTRY	BALTIMORE.	or foreign country)	U.S.A.
13. FATHER'S NA		0,10		14. MOTHER'S MAIDE		
HYMAN S	SIEGEL			REBECCA		
15. Was Deceased (Yes, no, or unknown	Ever in U. S. Armed	Forces? lotes of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NU				MRS. MILDRED	SIEGEL. 2510	RELLIM RD., APT. C
18. // /	0,9		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEAS	E OR CONDITION	DIRECTLY		Λ.	/	BETWEEN ONSET AND DEATH
(This does n	LEADING TO DEAT		(A) IMMEDIATE CAL	ISE Myocard	had infarction	n I day
heart foilure,	osthenia, etc. It med	ins the disease	DUE TO, OR AS	A CONSEQUENCE OF:	U	
	plicotion which cous ANTECEDENT CAUS					
	R CONDITIONS,		(B)	A CONSEQUENCE OF:	*****************	
rise to the	above cause (/	A) slaling th	(C)	A CONSEQUENCE OF:		
	11		(0/			
ITO THE DEAT	ICANT CONDITIONS (H BUT NOT RELATED TO ONDITION GIVEN IN F	O THE TERMINAL PART 1 (A).	**************	e heart des	hase Eather of	it 20 years.
	OPERATION 198 C		WHICH OPERATION	20A, AUTOPSY? (Yes	or No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DEATH (notify	TWAS UNDERLYING THNG CAUSE OF medical examined	ho	B.PLACE OF INJURY (e.g., i me, form, foctory, street, o c.)	n or obout 21C. WHERE E	OID (If In Boltimor J R?	e City, give exact location)
OF INJURY	(Month) (Doy) (Ye		E INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
(APPROX.)		W	Thile At Not While At Work	• 🗆	4	
22. I certify	that (1) (th is hospi	tal) attended	the deceased from		19 60 to	2/13 1970
	last sow the deced		_ /	2 19 70 o		nion death occurred on the date
			(1) (We) (did) (did not) v			
23A. SIGNATU	RE 2	. /				23B, DATE SIGNED
Shelo		vil,	m.D. DEGREE Phy	Med. Director	Staff Phys.	2-13.70
23 C. PHYSICIA NAME IT	open SHELDON (TZ	6715 Park	v Hts ano.	
24A. BURIAL CREA	MATION, 24B. DATE		AME of CEMETERY OF CRI	EMATORY 2	4D. LOCATION (Ci	ty, town, or countyl (Stotel
BURIAL	2-15-	-70 BE	TH YEHUDA ANSH	E KURLAND	BALTIMORE, MAR	YLAND
FEB 171	970 Robert	S. Vancey	OF-REGISTRAR	SOL LEVINS		REISTERSTOWN ROAD
VS 150-REV. 1/1/6	8					



	AME OF DECI		1 1 1 1 1 7 7	10		AND HOUR OF		11:55
		BENJAMIN I			14. USUAL RESIDENCE (W	RUARY 12,	ed. If institution	
). F	LACE IN BALL				A. STATE B. CO	UNTY		F
HO!	L NAME OF	ADDRESS OR LOCA	AL OR INSTITUT	TON, GIVE STREET	MARY LAND	Ballo, 0	D. INSIDE CIT	Y LIMITS?
NS	CTUAT	HACDITAL			BALTIMORE		YES [] NO [
	SINAL	HOSPITAL			E. STREET AND NUMBER			•
	400	1			6609 SHELR		#9	
s. SE		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year		hs Doys Hours
	MALE	WHITE	WIDOWED		6-29-1903	66	12.0	TIZEN OF WHAT
		vorking life, even if retired)				oreign country?		
	SELF EMP		C.P.	. A.	LITHUANIA	I A BAE		u.s.A.
	FATHER'S NAM					0		
	SAMUEL L		3	4 social	YETTA 17. INFORMANT	7		ADDRESS
Yes,	no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	s of service)	6. SOCIAL SECURITY NO.				
-	18. // 6			CAUSE OF DEAT	MRS. ANNE K.	LEVITAS, C	5609 SHE	LRICK PLA
		ANTECEDENT CAUSES		(B) HOCKE	SCLEROTIC HE	pid Dir	(M) K	
Ĕ	DISEASES OF THE TO THE DEAT	R CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the Stating the NTRIBUTING HE TERMINAL	DUE TO, OR A	MYOCARDIBL			9 YRS
ATIC	DISEASES OF THE CONTRACT OF THE CALL DISEASE OF C	R CONDITIONS, if above cause (A) CONDITION last.	any, giving stoting the NTRIBUTING HE TERMINAL IT I (A).	(c) PROR	A CONSEQUENCE OF:	DUPART	nov	
CERTIFICATION	DISEASES CORSES TO THE RESIGNIFT TO THE DEAT DISEASE OR CORSES OR CONTRIBLE OR CONTRIBLE	PR CONDITIONS, if above cause (A) CONDITION last. II ICANT CONDITION S CONDITION GIVEN IN PART OPERATION 198. CONWAS PER IT WAS UNDERLYING TO THE CONTROL OF THE CONTROL	any, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). DOTTON FOR WE FORMED	HICH OPERATION	MYOCARDIBL	No) 208, IF YES, IN CERTIFY	WERE FINDING CAUSES (
CAL CERTIFICATION	DISEASES CORSES TO THE RESIGNIFT TO THE DEAT DISEASE OR CORSES OR CONTRIBLE OR CONTRIBLE	CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS COMBITIONS CONDITION GIVEN IN PAROPERATION [198. CONDITION	any, giving stoting the NTRIBUTING HE TERMINAL IT I (A). IDITION FOR W FORMED 21 B. F. home etc.)	HICH OPERATION PLACE OF INJURY (e.g., form, factory, street,	20A. AUTOPSY? (Yes on in or obout 21 C. WHERE DIG	DUPARE No) 208, HF YES, IN CERTIFY	WERE FINDING CAUSES (IGS CONSIDERED OF DEATH?
DICAL CERTIFICATION	DISEASES CORSES TO THE RESIGNIFT TO THE DEAT DISEASE OR CORSES OR CONTRIBLE OR CONTRIBLE	PR CONDITIONS, if above cause (A) CONDITION last. II ICANT CONDITION S CONDITION GIVEN IN PART OPERATION 198. CONWAS PER IT WAS UNDERLYING TO THE CONTROL OF THE CONTROL	ony, giving stoting the Stoting the NTRIBUTING HE TERMINAL IT 1 (A). OHION FOR W FORMED 218. f home etc.)	HICH OPERATION PLACE OF INJURY (e.g., form, factory, street, form)	20A. AUTOPSY? (Yes or obout 21 C. WHERE DIG	No) 208, IF YES, IN CERTIFY	WERE FINDING CAUSES (IGS CONSIDERED OF DEATH?
DICAL CERTIFICATION	DISEASES CORISE TO THE REAL OF CONTRIBLE CONTR	R CONDITIONS, if above cause (A) CONDITION last. ICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTICULATED TO TONDITION GIVEN IN PARTICULATION (A) OPERATION (198. CON WAS PER CONTINUE) TO WAS UNDERLYING (198. CONTINUE) TO WAS UNDERLYING (198. CONTINUE) TO WAS UNDERLYING (198. CONTINUE)	ony, giving stoting the Stoting the NTRIBUTING HE TERMINAL IT 1 (A). OHION FOR W FORMED 218. f home etc.)	HICH OPERATION PLACE OF INJURY (e.g., form, factory, street, form) INJURY OCCURRED At Not Wh	20A. AUTOPSY? (Yes or or obout 21C. WHERE DIG	No) 208, IF YES, IN CERTIFY	WERE FINDIN NG CAUSES C	IGS CONSIDERED OF DEATH? give exact locotion)
MEDICAL CERTIFICATION	DISEASES OF STATE OF THE PROPERTY OF THE DEAT (APPROX.)	R CONDITIONS, if a above cause (A) CONDITION last. ILLIANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING IT WAS UNDERLYING CAUSE OF medicol exonimal (Month) Doy) (Year)	NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED (Hour) 21 E. While Work	HICH OPERATION PLACE OF INJURY (e.g., form, factory, street, form) Not What INJURY (e.g., Not What Work) e deceased from	20A. AUTOPSY? (Yes of in or obout 21 C. WHERE DID	No) 208, IF YES, IN CERTIFY (If In	WERE FINDING CAUSES C	GS CONSIDERED OF DEATH? give exact location)
MEDICAL CERTIFICATION	DISEASES COTISE to The UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR COTABLE OF CONTRIBUTE OF THIS OF	R CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITION S CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PER T WAS UNDERLYING TING CAUSE OF medicol exonimal (Month) Doy) (Yeor) tha (1) this hospital	NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 21 B. home etc.) (Hour) 21 E. Whill Work	HICH OPERATION PLACE OF INJURY (e.g., form, action, street, at Month of the Month	in or obout 21C. WHERE DIG	No) 208, IF YES, IN CERTIFY! (If In INJURY OCCUR?	WERE FINDING CAUSES C	GS CONSIDERED OF DEATH? give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify tha (I) (we) and hour on.	R CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING ITING CAUSE OF medicol exonther) (Month) Doy) (Yeor) that (1) (this hospital lost saw the deceased from the causes star	NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 21 B. home etc.) (Hour) 21 E. Whill Work	HICH OPERATION PLACE OF INJURY (e.g., form, action, street, at Month of the Month	20A. AUTOPSY? (Yes of in or obout 21 C. WHERE DID	No) 208, IF YES, IN CERTIFY! (If In INJURY OCCUR?	WERE FINDIN NG CAUSES (C	give exact location
MEDICAL CERTIFICATION	DISEASES COTISE to The UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR COTABLE OF CONTRIBUTE OF THIS OF	R CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING ITING CAUSE OF medicol exonther) (Month) Doy) (Yeor) that (1) (this hospital lost saw the deceased from the causes star	NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 21 B. home etc.) (Hour) 21 E. Whill Work	DUE TO, OR ALL (C) PROP HICH OPERATION PLACE OF INJURY (e.g., form, factory, street, form, fo	in or obout 21C. WHERE DID 20A. AUTOPSY? (Yes or INJURY OCCUR 21F. HOW DID 19 69 and view the body after dea	No) 208, IF YES, IN CERTIFYI (If in that is (my) (continue)	WERE FINDIN NG CAUSES (C	GS CONSIDERED OF DEATH? give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIFTO THE DEAT DISEASE OR CO 19A. ACCIDED OR CONTRIBLE DEATH (notify (APPROX.) 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour one 23A. SIGNATO	R CONDITIONS, if a above cause (A) CONDITION last. ILLIANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING UTING CAUSE OF medicol exonimal (Month) (Doy) (Yeor) that (1) (this hospital lost saw the decease d from the causes star RE Alcalus	NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 21 B. home etc.) (Hour) 21 E. Whill Work	HICH OPERATION PLACE OF INJURY (e.g., form, factory, street, form) Not Who At Work e deceased from O(We) (did) (did not)	in or obout 21C. WHERE DID 20A. AUTOPSY? (Yes or INJURY OCCUR 21F. HOW DID 19 69 and view the body after dea	No) 208, IF YES, IN CERTIFYING (If In	WERE FINDIN NG CAUSES (C	give exact location
MEDICAL CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify tha (I) (we) and hour on.	R CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITION S CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING UNDERLYING (Month) Doy) (Yeor) that (1) (this hospital lost saw the deceased from the causes started) from the causes started and causes started.	ntributing the stoting the stoting the NTRIBUTING HE TERMINAL IT 1 (A). Including the stote of t	DUE TO, OR ALL (C) PROP HICH OPERATION PLACE OF INJURY (e.g., form, factory, street, form, factory, street, form) INJURY OCCURRED At Work deceased from Dec (We) (did) (did not)	in or obout 21 C. WHERE DITOFFICE bldg., INJURY OCCUR 21 F. HOW DIS 19 69 and view the body after dea hending Med. Director	No) 208, IF YES, IN CERTIFY! (If in that is (my) (continued to the phys. Staff Phys.	WERE FINDIN NG CAUSES (C	give exact location
MEDICAL CERTIFICATION	DISEASES CORISE TO THE REAL OF THE DEAT DISEASE OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify tha (I) (we) and hour on 23A. SIGNAY 23C. PHYSICIA NAME (I	R CONDITIONS, if above cause (A) CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	NTRIBUTING HE TERMINAL IT 1 (A). DIDITION FOR W FORMED 21B. Home etc.) (Hour) 21E. Whill Work 1) attended the et olive on	DUE TO, OR ALL (C) PROP HICH OPERATION PLACE OF INJURY (e.g., form, factory, street, form, factory, street, form) INJURY OCCURRED At Work deceased from Dec (We) (did) (did not)	20A. AUTOPSY? (Yes or office bldg., INJURY OCCUR 21F. HOW DIR 19 69 and view the body after dea Rending Med. 2217 SOUTH	No) 208, IF YES, IN CERTIFY! (If in that is (my) (continued to the phys. Staff Phys.	WERE FINDIN NG CAUSES CO. Baltimore City,	give exact location
WEDICAL CERTIFICATION	DISEASES OF ISE TO THE DEAT OF THE DEATH (notify (APPROX.) 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour one 23A. SIGNATO ANAME (T. BURIAL CRE REMOVAL (C. BURIAL CRE RE	R CONDITIONS, if a above cause (A) CONDITION last. II ICANT CONDITION SCO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 1918. PAR OPERA	any, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR W FORMED 218. Finance etc.) 218. While work	DUE TO, OR ALL (C) PROP HICH OPERATION PLACE OF INJURY (e.g., form, factory, street, or the s	in or obout 21 C. WHERE DIL office bldg., INJURY OCCUR 21 F. HOW DIR ile 19 69 and view the body after dea rending Med. Director 23 D. ADDRESS 2217 SOUTH EREMATORY 241	No) 208, IF YES, IN CERTIFYIS (If In that is (my) (coth). Shoff Phys. ROAD D. LOCATION	WERE FINDIN NG CAUSES CO	give exact location) with y death occurred of DATE SIGNED The BTC To you county)
MEDICAL CERTIFICATION	DISEASES OF ISE TO THE DEAT DISEASE OF CONTRIBUTED TO THE DEAT DISEASE OF CONTRIBUTED TO THE DEAT OF CONTRIBUTED TO THE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour one 23A. SIGNATO	R CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITION S CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING IT WAS UNDE	any, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR W FORMED 218. Finance etc.) 218. While work	DUE TO, OR AME OF TOTAL PLACE OF INJURY (e.g., form, factory, street, form). INJURY OCCURRED At Work of deceased from Dec. O(We) (did) (did not) DEGREE OF TOTAL DEGREE OF COMME OF CEMETERY OF CAMERING AND	in or obout 21 C. WHERE DIL office bldg., INJURY OCCUR 21 F. HOW DIR ile 19 69 and view the body after dea rending Med. Director 23 D. ADDRESS 2217 SOUTH EREMATORY 241	No) 208, IF YES, IN CERTIFY! ? (If In that is (my) (continue) (co	WERE FINDING CAUSES CO. Baltimore City, Plose pur) opinion co. 238. (City, town MARY LAM	give exact location beath occurred of the signed occurred of the signed occurred of the signed occurred of the signed occurred o

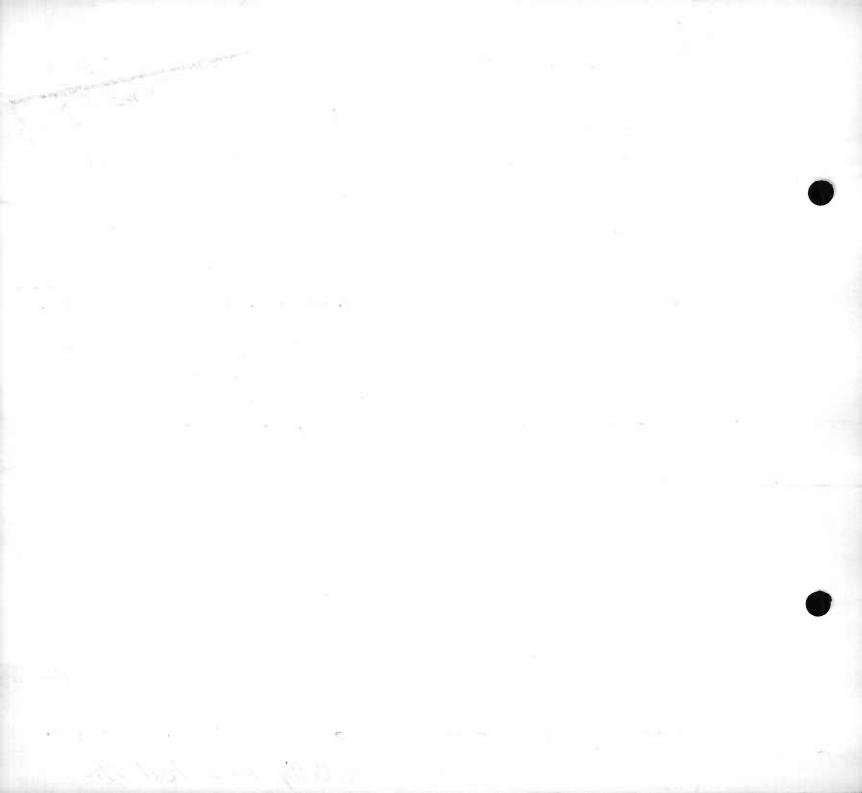
The strip of the s

Of a distance of the second se

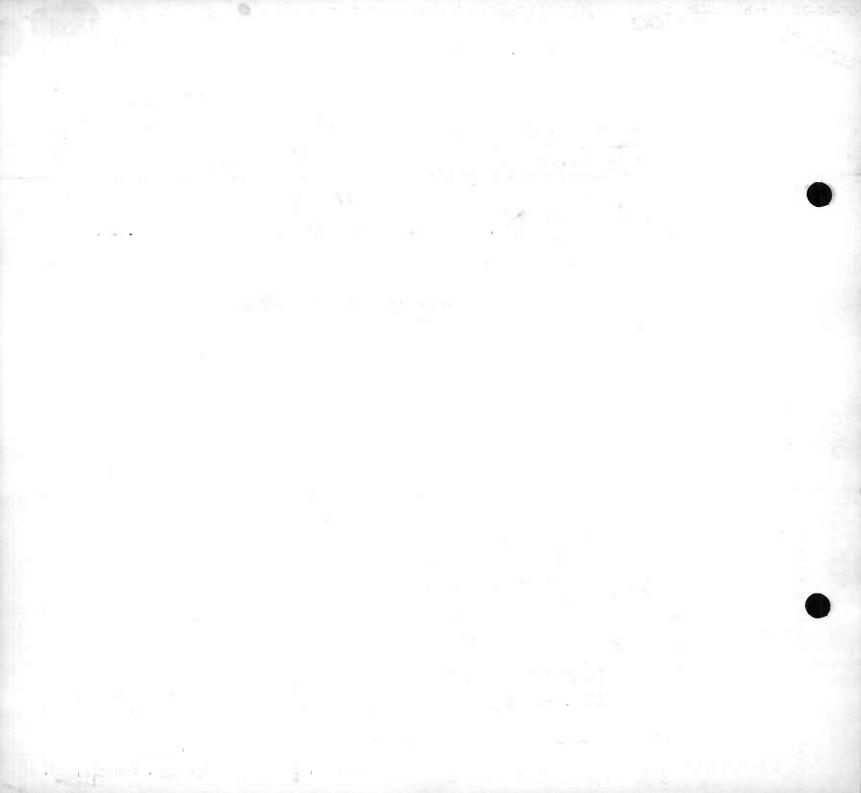
BALTIMORE CIT	TY HEALTH DEPARTMENT
BIRTH NO. 70 1857 CERTIFICA	ATE OF DEATH REG. NO. 70 1857
1. NAME OF DECEASED (Type as Print) Isadore Scheinberg	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If institution positions before the
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. SITY OR TOWN D. INSIDE CITY LIMITS?
Sinai Hospital of Balto. Inc	E. STREET AND NUMBER 3401 GLEN AVENUE OKALING VIEW
5. SEX ALE 6. RACE HITE WIDOWED DIVORCED DIVORCED	8. DAJE OF BIRTH 9. AGE (in years lif Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
MFG. METALS 13. FATHER'S NAME	POLAND U.S.A.
ABRAHAM SCHEINBERG	LELA ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service) NO	17. INFORMANT 1822 METZEROTT RD
	MR. MOSES SCHEINBERG, ADELPHI, MD. 20783
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
LEADING TO DEATH	TAN GUDDA
(This does not mean the made of dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES ASC	$\cup \mathcal{D}$
DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS	A CONSEQUENCE OF:
rise Ia the abave cause (A) stating the UNDERLYING CONDITION last. (C)	Vulnismon Edeure
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	luzsema
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYINGED.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, street, of DEATH (natify medical examined)	in or about 21 C. WHERE DID (If In Boltimore City, give exact location)
21D.TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED While AI Not While AI Work	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from	
that (1) (we) last saw the deceased alive on 2/12/	19 70 to 2/12 19 70 19 70 and that in (my) our opinion death occurred on the date
and have and from the causes stated above. (1) (We (did) (did nat)	lew the body after death.
23A. SIGNATURE CREEP MD AM	nding Med. Stoff NY
NAME (Type) Carlos R. Perel MD.	Belvedere tre at Greenspring
BURIAL 2-13-70 LUBAWIFZ	
EEB 17 900 A EXCLUSION OF THE RESTRAN	25G. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
/S 150-REV. 1/1/68	



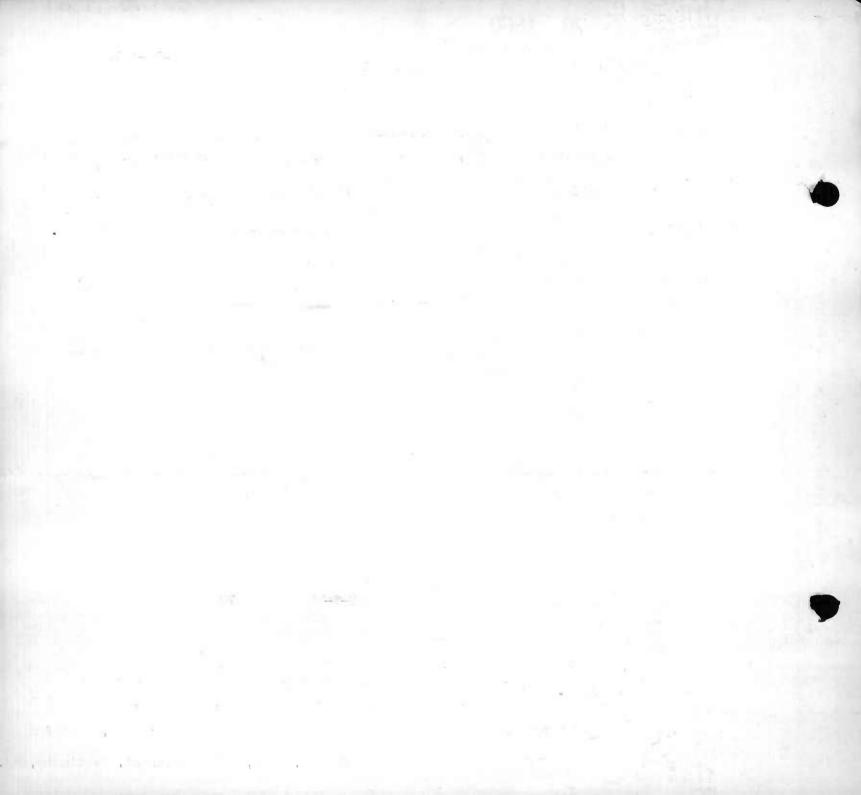
	Oneita	Feb. 14, 197	
3. PLACE IN BALTIMORE, MARYLAND, WHI	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived,	
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION CIVE STREET	Maryland	LONA.
HOSPITAL OR ADDRESS OR LOCATI	OR INSTITUTION, GIVE STREET ON!		INSIDE CITY LIMITS?
St. Agnes Hospi	ital	Baltimore	
Caton & Wilkens	s Aves.	E. STREET AND NUMBER	YES NO NO
Baltimore, Mary	yland 21229	4015 Hollins Ferry Road	21 227
SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years	
East 1	WIDOWED DIVORCED	5/12/1881 last birthday	Months Days Haurs Min.
OA. USUAL OCCUPATION (Give kind of work 10		11a BIRTHPLACE IState at foreign country	12. CITIZEN OF WHAT COUNT
ane during most of warking life, even if retired) Housewife			
3. FATHER'S NAME		Baltimore, Maryland	USA
		14. MOTHER'S MAIDEN NAME	
Ernest Hurley		? Suter	
. Was Deceosed Ever in U.S. Armed Forces es,na or unknawn) (If yes, give wor or dotes o	? 16. SOCIAL	17. INFORMANT	ADDRESS
No.	SECURITY NO.	Mr. Joseph B. Brown	3951 Brooklyn Ave.
18. / / / / / / / / /	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECT			BETWEEN ONSET AND DEA
LEADING TO DEATH	LLY	Masson Blunday	KD Ilex
(This does not moon the made of dy	(A) IMMEDIATE CAU	SE SUPPLIENT SE	ter / cor
heart failure, asthenia, etc. It means the	e diseose,	A CONSEQUENCE OF: Make 1 to the	
injury at camplication which coused de	ath.)	Jane 19	
		D. 1. 11 1 1 1	
ANTECEDENT CAUSES	(0)	Autroio selectio ach	led - 5 4/5
DISEASES OR CONDITIONS, If any	(8)	AUBICIO Selecotio COM	les - 5 4/15
DISEASES OR CONDITIONS, if any	(8)	AUECIO Selecotio COMA A CONSEQUENCE OF:	Ald - 5 yrs
DISEASES OR CONDITIONS, If any	(B)(B)	AUBICIO SELECOFIO COMO A CONSEQUENCE OF:	Ald - 5 Y/15
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured to the condition last.	(C)	AUBICIO SELECOFIO COMO A CONSEQUENCE OF:	Ald - 5 Y/s
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured to the condition last.	RIBUTING	AUBICIO Selecofia COMO A CONSEQUENCE OF: CAPELLEN de FR	Ald - 5 Y/s
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured to the condition last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TO THE DEATH BUT NOT RELATED TO THE TO ISEASE OR CONDITION GIVEN IN PART 1	RIBUTING IERMINAL (A).	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured to the condition last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TO THE DEATH BUT NOT RELATED TO THE TO ISEASE OR CONDITION GIVEN IN PART 1	RIBUTING FERMINAL (A). ION FOR WHICH OPERATION	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any nise to the above cause (A) structured to the above cause (A) structured to the structure of t	RIBUTING FERMINAL (A). ON FOR WHICH OPERATION MED	20A. AUTOPSY? IYes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured to the condition last. OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOTRELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDITIONS OF CONDITION	RIBUTING FERMINAL (A). ON FOR WHICH OPERATION MED	20A. AUTOPSY? IYes or No) 20B. IF YES, WE IN CERTIFYING	
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured to the condition last. OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOTRELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDITIONS OF CONDITION	RIBUTING FERMINAL (A). ION FOR WHICH OPERATION	20A. AUTOPSY? IYes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured to the condition last. OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOTRELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDITIONS OF CONDITION	RIBUTING FERMINAL [A]. ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY 10.g., in homo, form, factory, street, affi	20A. AUTOPSY? IYes ar No. 20B. IF YES, WE IN CERTIFYING ar obout 21C. WHERE DID (If In Baltice bldg., INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured by the condition last. II OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO THE TO ISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDITIONS PERFOR WAS PERFOR OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminer)	RIBUTING [FERMINAL [A]. ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY lo.g., in home, form, factory, street, afficial of the street of	20A. AUTOPSY? IYes ar No) 20B. IF YES, WE IN CERTIFYING IT obout 21C. WHERE DID (If In Baltice bidg., INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if any nise to the above cause (A) structured in the above cause of a condition of the above cause of the above c	RIBUTING [ERMINAL [A]. ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY la.g., in homa, form, factory, streat, off atc.) 12 B. PLACE OF INJURY la.g., in homa, form, factory, streat, off atc.) 13 B. PLACE OF INJURY la.g., in homa, form, factory, streat, off atc.)	20A. AUTOPSY? IYes ar No) 20B. IF YES, WE IN CERTIFYING IT obout 21C. WHERE DID (If In Baltice bidg., INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if any nise to the above cause (A) structured by the condition last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axamines) 21D. TIME (Month) (Day) (Yoor) 19 OF INJURY (APPROX.)	RIBUTING [FERMINAL [A]. ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY lo.g., in home, form, factory, street, afficial of the deceased from the mark with the deceased from the deceased from the mark with the deceased from the deceased from the mark with	20A. AUTOPSY? IYes ar No) 20B. IF YES, WE IN CERTIFYING IT obout 21C. WHERE DID (If In Baltice bidg., INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if any nise to the above cause (A) structured in the above cause of a condition of the above cause of the above c	RIBUTING [FERMINAL [A]. ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY lo.g., in home, form, factory, street, afficial of the deceased from the mark with the deceased from the deceased from the mark with the deceased from the deceased from the mark with	20A. AUTOPSY? IYes ar No.) 20B. IF YES, WE IN CERTIFYING IT obout 21C. WHERE DID (If In Baltifice bldg., INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact location)
DISEASES OR CONDITIONS, if any nise to the above cause (A) structured in the above cause of the above cause (A) structured in the above cause (RIBUTING FERMINAL [A]. ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY 1a.g., in homo, form, factory, streat, affact.] 21 E. INJURY OCCURRED Whila At Not While Not Wark Not Wark Not Wark Not Wark Not Wark	20A. AUTOPSY? IYes ar No. 20B. IF YES, WE IN CERTIFYING IT obout 21C. WHERE DID (If In Baltifice bldg., INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact location)
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured by the course (A) structured by t	RIBUTING FERMINAL [A]. ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY lo.g., in homo, form, factory, street, afficial. While At Not While At Work	20A. AUTOPSY? IYes ar No. 20B. IF YES, WE IN CERTIFYING IT obout 21C. WHERE DID (If In Baltifice bldg., INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact location) 19 19 19 19 19 19 19 19 10 10
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured by the course (A) structured by t	RIBUTING FERMINAL [A]. ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY lo.g., in homo, form, factory, street, afficial. While At Not While At Work	20A. AUTOPSY? IYes ar No. 20B. IF YES, WE IN CERTIFYING ar obout 21C. WHERE DID itee bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 19 10 9 19 0nd that In (my) (our) of the bady after death.	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact location)
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured by the course (A) structured by t	RIBUTING FERMINAL [A]. ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY 10.g., in homo, form, factory, street, afficial. 21 E. INJURY OCCURRED While At Not While At Wark At Wark At Wark Attended the deceased from Attended the dec	20A. AUTOPSY? IYes ar No. 20B. IF YES, WE IN CERTIFYING ar obout 21C. WHERE DID (If In Baltice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact location) 19 19 19 19 19 19 19 19 10 10
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured by the course (A) structured by t	RIBUTING FERMINAL [A]. ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY 10.g., in homo, form, factory, street, afficial. 21 E. INJURY OCCURRED While At Not While At Wark At Wark At Wark Attended the deceased from Attended the dec	20A. AUTOPSY? IYes ar No. 20B. IF YES, WE IN CERTIFYING ar obout 21C. WHERE DID (If In Baltice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact location) 19 19 19 19 19 19 19 19 19 19
DISEASES OR CONDITIONS, if any nise to the above cause (A) structured by the course (A) structured by the course (A) structured by the course of the course	RIBUTING FERMINAL [A]. ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY 1a.g., in homo, form, factory, streat, affact.] While At Not While At Wark Not While At Wark Not While At Wark While At Not While Not While Work At Wark Not While Work At W	20A. AUTOPSY? IYes ar No. 20B. IF YES, WE IN CERTIFYING ar obout 21C. WHERE DID (If In Baltice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact location) 19 19 19 19 19 19 19 19 19 19
DISEASES OR CONDITIONS, if any rise to the above cause (A) structured by the course (A) structured by t	RIBUTING FERMINAL (A). ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY 10.9., in home, form, factory, street, affect. While At Wark	20A. AUTOPSY? IYes ar No. 20B. IF YES, WE IN CERTIFYING ar obout 21C. WHERE DID in Dinury Occur? 21F. HOW DID INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact location) 19 19 238, DATE SIGNED
DISEASES OR CONDITIONS, if any nise to the above cause (A) structured by the course (A) structured by the condition of the course of the cours	RIBUTING FERMINAL [A]. ION FOR WHICH OPERATION MED 21 B. PLACE OF INJURY 1a.g., in homo, form, factory, streat, affact.] While At Not While At Wark Not While At Wark Not While At Wark While At Not While Not While Work At Wark Not While Work At W	20A. AUTOPSY? IYes ar No. 20B. IF YES, WE IN CERTIFYING The obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact location) 19 19 19 19 19 19 19 19 10 10



6-32-39 sab	1	T-50	70 1	.859		HEALTH DEPART	. /	10 4000	
FUNERAL DIRECTOR: IMPORTANT y was released to the hospital by a medical examiner or his assistant if death occurred in a hospital and y was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 3.A. at a hospital (except where the physician who pronounced death was in regular attendance on the approval must be obtained before the remains are embalmed or final disposition is made.	BI	RTH NO.			CERTIFICA	TE OF DE	ATH REG. NO.	70 1859	
	(Type or Print) ALBERT L. THUMMA 2. DATE AND HOUR OF DEATH 2. 14 170 13:154								
	3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admit							r. M.
	FU	JLL NAME OF STATES OR LOCATION BALTIMORE CITY HOSPITAL OR INSTITUTION, GIVE STREET STATES OR LOCATION) Baltimore City Hospitals				Maryla	nd E	Baltimore 53-0	sion
	II.					C. CITY OR TOWN Edgemere D. INSIDE CITY LIMITS? YES NO X			
		3/ 4940 Eastern Avenue Baltimore, Maryland 21224			6903 North Point Road 21219				
	5.	SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH			Man
	10.	Male	White	WIDOWED	DIVORCED	1/3/191	O lost birthdoy)	Months Days Hours M	n.
	doi	e curing most of v	vorking life, even it retired)		Steel Co.	Pennsylv		12. CITIZEN OF WHAT COU	VTRY?
	13.	Loader FATHER'S NAA		Decit. Decer Co.				U.S.A.	
			Mitche		imma.	14. MOTHER'S MAIDEN NAME Olive Rockey			
	15. (Ye	Wos Deceosed Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dotes NO		ces? s of service)	SECURITY NO.	17. INFORMANT	CH-4940 Eastern	ADDRESS	
	-	18. /			213-07-4411		CH-4940 Lastern	Avenue 21224	
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				1		APPROXIMATE INTERV BETWEEN ONSET AND D	
	Н					SE MYOCA	RDIALINFARC	TION 4 DAYS	
	1	(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. it means the disease, injury or complication which caused death.) (A) MMEDIATE CAUSE (A) MMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF:							
			NTECEDENT CAUSES	death.	APTER	mea i Airi	CARDIOUASEU	LAV 4 YEAR	-
		DISEASES O	R CONDITIONS, il o	ny, giving	DUE TO, OR AS	A CONSEQUENCE C			>
		rise to the UNDERLYING	above couse (A) CONDITION lost,	stating the	(c)		DISTASE		
	z	OTHER MICHIEF	11		6				
	ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				EMIA 8 HOUR			
	CERTIFIC	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY?	Yes or No. 208, IF YES, WE	RE FINDINOS CONSIDERED CAUSES OF DEATH?	
	S. S.	21 A. ACCIDEN	T WAS UNDERLYING THE	218.	PLACE OF INJURY (e.g., in	YES	RE DID 115 to Baltie	YES	
	ICAL	DEATH (notify i	medical examined	hom etc.)	e, form, foctory, street, off	ice bldg. INJURY O	CCUR?	nore City, give exect location;	
	MEDI	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		DID INJURY OCCUR?		
		(APPROX.)		44.01					
			hot (4) (this hospital)			210	19 70 ta	2 14 1970	
			ost sow the deceased			19 70	and that in (my) fort c	pinion death occurred on the	lote
		and hour and fram the causes stated abave. (i) (WE) (did) (did not) view the body ofter death.							
		23R. DATE SIGNED							
		DEGREE Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Di							
		NAME (IVE	Dennis W. Bl	eakley	-0	494	40 Eastern Aven Baltimore City	ue,Baltimore, Hospitals 21224	
	24A	BURIAL CREM		_	ME of CEMETERY OF CREA	MATORY		City, town, or county) (State	1
This certif the body shows: (1) was D.O.J deceased		Buria	2-17-70	G	ardens of Fa	ith	Baltimore,		
This certhe bocs: was D. deceas	25A	DATE REC'D	Y HEALTH DEPT.	25B. NAME O		25C. FUNERAL D	DIRECTOR	ADDRESS	
平年 17 3 TO 34	HP.	17 19/0		Ber, M.D.	00000	John J. I	Juda 7922 Wise	Ave. Dundalk, Md.	
	A.2	50-REV. 1/1/68							-



VS 150-REV. 1/1/6B

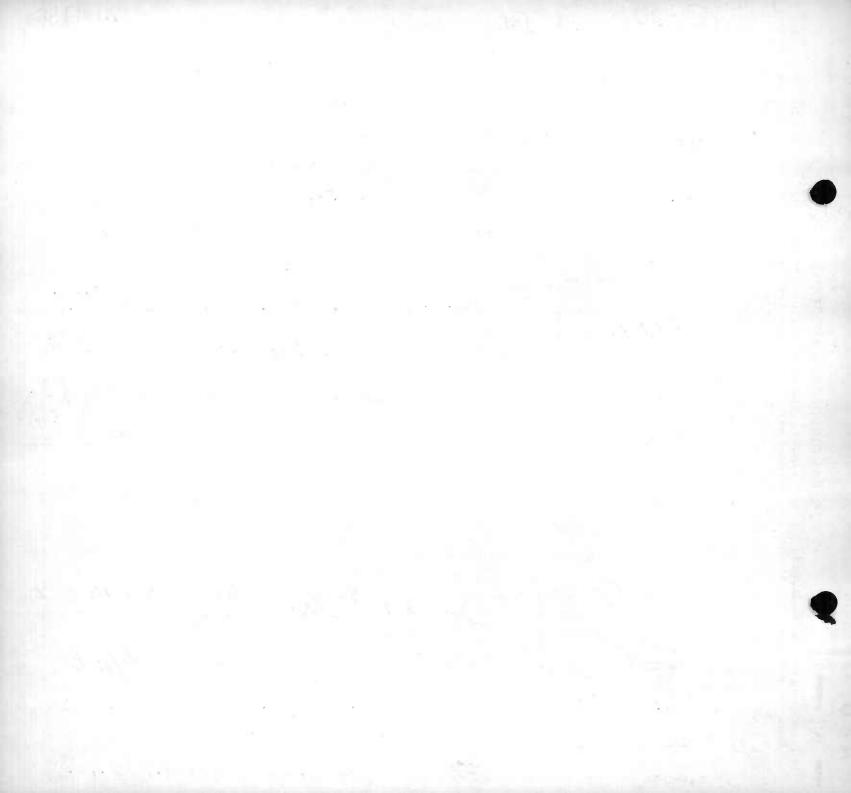


VS 150-REV. 1/1/68

VS 150-REV. 1/1/68

191-531 70 1	863	BALTIMORE CITY	HEALTH DEPARTMENT		70 1863
7 7 9 9	000	CERTIFICA	TE OF DEATH	REG. NO	1000
NAME OF DECEASED				AND HOUR OF DEATH	
Type or Print) George Lundbe	25 20			2/13/70	2:30 P.
3. PLACE IN BALTIMORE MARYLAND, WHI		NCED_DEAD		nere deceased lived. If in	stitution: residence before admissio
ULL NAME OF THE NOT IN HOSPITAL' HOSPITAL OR ADDRESS OR LOCATI	AME	TION, GIVE STREET	A. STATE B. COU		2854
NSTITUTION ADDRESS OF LOCATI	ON)	2-20-70	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
0 0 /16 B1- 01	D		Baltimore E. STREET AND NUMBER		AE2 K NO
0 0 416 Rock Gl	en noa		416 Rock Gle	n Road	
SEX 6. RACE 7.	MARRIED	*NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Ho Months: Doys Hours Min.
26 22 20 41	WIDOWED		June 9, 1901	tost birthdoy)	Monins Doys Hoors Min.
A. USUAL OCCUPATION (Give kind of work 10			11. BIRTHPLACE IStote or fo		12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired)					TICA
Retired			Minnesota		USA
FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
Gustav Lundberg			Ingrid		
. Was Deceased Ever in U. S. Armed Force	?	1 6. SOCIAL	17. INFORMANT		Balto., Md.
es, no or unknown) (If yes, give wor or dotes		SECURITY NO.	Lu	indberg	
No		216-20-8817 CAUSE OF DEATI		encioert, 410 i	Rock Glen Rd.,2122
rise to the obove cause (A) s UNDERLYING CONDITION last.	RIBUTING	(c)			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	(A).				
19A. DATE OF OPERATION 19B. CONDI	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. hometc.)	PLACE OF INJURY le.g., i e, form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Baltimor	re City, give exoct location)
21D. TIME (Month) (Doy) (Yeor)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
OF INJURY (APPROX.)		le At Not Whil	e 🗖		
				Pro (A)	P-1 70
22. I certify that (I) (this has pital)					
		e deceosed from	Nove		Feb. 19 7
					geath occurred on the
and hour ond from the causes stated above. (1) (WEX (did) (ATE 764) view the body after death.					
23A. SIGNATURE	0	/Au	nding Med.	Stoff	2/14/70
and t		Phy Phy	s. Director	Phys.	6/14/10
23C. PHYSICIAN'S NAME (Type)			23 D. ADDRESS		
Dr. eo Gav	er		1 Mallow Hil	1 Road	
4A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)		ME of CEMETERY OF CR			ity, town, or county) (State
Burial 2/16/70	Io	idon Park Cem	etery	Baltimore, Ma	ryland
FEB 1 7 1970 TO BE E	SE NAME C	FREGISTRAR	OCC FILLIEDAL DIRECT	0.0	v.,Balto.,Md. 212
'S 150-REV. 1/1/6B			1 0 0 5	1	

-	7 A A BALTIMO	
_	-200 70 1864 CERTII	FICATE OF DEATH REG. NO. 1003
	H NO.	2, DATE AND HOUR OF DEATH
(Type	e or Print)	Fahmung 15 1070
	Bertha Zwick LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	February 15, 1970 14. USUAL RESIDENCE (Whose deceased fived, If institution: residence before admissi
3	The fit back the fit of the fit o	A. STATE B. COUNTY
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRI	Maryland 2837
INST	SPITAL OR ADDRESS OR LOCATION)	C. CIT OK TOWN
	4631 Coleherne Road	E. STREET AND NUMBER
1	20	E. SIREEI AND NUMBER
-		4631 Coleherne Road
S. SE	6. RACE 7. MARRIED NEVER MARR	RIED 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr., If Under 24 H Months; Doys Hours Min.
F	Tem. White WIDOWED DIVORC	
10A, I	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (Stote or foroign country) 12. CITIZEN OF WHAT COUNTY
	during most of working life, even if retirod)	Monrel and ITCA
	Retired Hendler	Maryland USA
	lenry Zwick	Bertha M. Metzger
Yos.	Vos Doceasod Evor in U. S. Armed Forces? no or unknown) (If yos, give wor or dotes of service) 16. SOCIAL SECURITY NO	o. 17. INFORMANT Balto., Md.
	215_03_/	
1	no CAUSE O	
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DE
	LEADING TO DEATH	Capped - 4 Mg
	(This does not mean the made of dying, e.g., DUFTO	DIATE CAUSE CONSEQUENCE OF:
	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	D, OR AS A CONSEQUENCE OF:
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	O, OR AS A CONSEQUENCE OF:
	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (8)	Break Cascinon Georgy 24
	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	O, OR AS A CONSEQUENCE OF: O, OR AS A CONSEQUENCE OF:
	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (8)	Break Cascinon - 66 cely 124
	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	Break Cascinon Georgy 24
NO	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	Break Cascinon Georgy 24
TION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: O, OR AS A CONSEQUENCE OF:
CATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: O, OR AS A CONSEQUENCE OF:
ERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Cascer on Go english O, OR AS A CONSEQUENCE OF: On 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Cascer on Gas Equal 24 O, OR AS A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
L CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Cascer on Go english On 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: DN 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? JRY (o.g., in or obout street, office bldg., INJURY OCCUR?
AEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION OR CONTRIBUTING CAUSE OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH Inatify medical examinaria. 21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH Inatify medical examinaria. 21B. PLACE OF INJURY While At DEATH CONTRIBUTION COUNTRIBUTION COUNTRIBUTI	O, OR AS A CONSEQUENCE OF: ON 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? JRY (o.g., in or obout street, office bldg., NJURY OCCUR? RRED 21 F. HOW DID INJURY OCCUR?
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Cascing one
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION OR CONTRIBUTING CAUSE OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH Inatify medical examinaria. 21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH Inatify medical examinaria. 21B. PLACE OF INJURY While At DEATH CONTRIBUTION COUNTRIBUTION COUNTRIBUTI	O, OR AS A CONSEQUENCE OF: Casocin one
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Description Constitution Constit
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Cascer on Grand Considered Cascer on Grand
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Cascer on Grand Considered Considere
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Description
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Description
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Description
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc., It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Description
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Concern on Grand Consequence of: Concern on Grand Considered Consequence of: Concern on Grand Considered Considered Considered In Certifying Causes of Death? Considered Cons
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: O, OR AS A CONSEQUENCE OF: ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? JRY (o.g., in or obout 21C. WHERE DID (If in 8altimore City, give exact location) street, office bldg., INJURY OCCUR? RRED 21F. HOW DID INJURY OCCUR? Not While At Work 19 and that Im (my) (aur) apinian death accurred an the company of the body after death. Attending Med. Stoff Phys. 23B. DATE SIGNED (23B. DATE SIGNED) 23D. ADDRESS DEGREE St. Agnes Med. Center, Pine Hots & Wilkens RY of CREMATORY (24D. LOCATION (City, town, or county) (State)
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: Cascing on Grass Ca
MEDICAL CERTIFICATION	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: O, OR AS A CONSEQUENCE OF: ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? JRY (o.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location) street, office bldg., INJURY OCCUR? RRED 21F. HOW DID INJURY OCCUR? Not While At Work 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

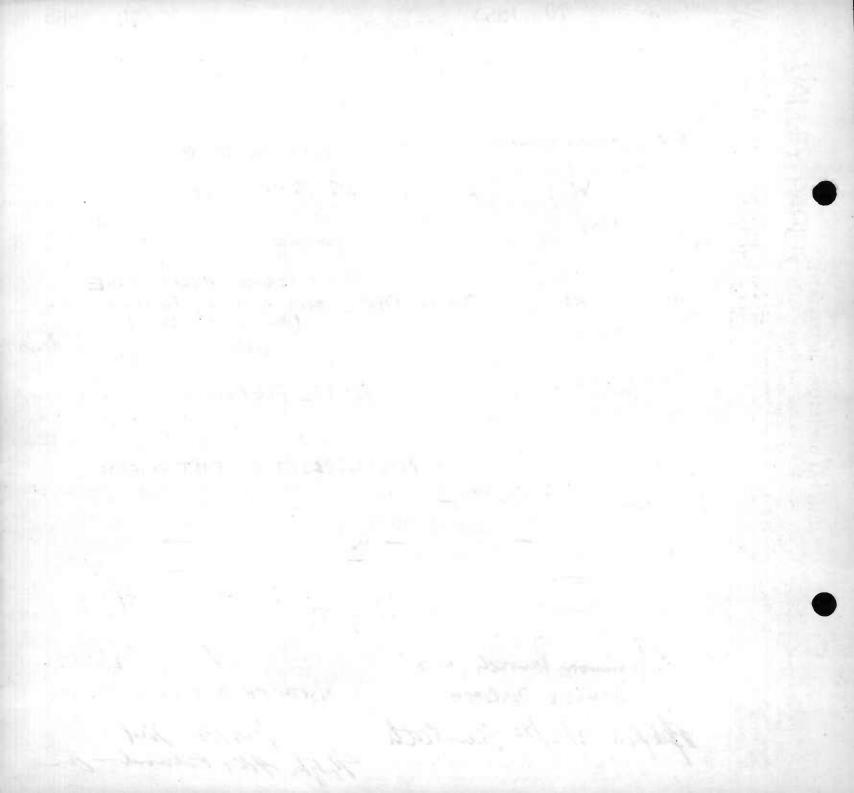


IMPORTANT

FUNERAL DIRECTOR:

RESIDENCE (Where deceased lived, if institution: residence D. INSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? NEIGHBUR - MARGARET VIEW PARS BALTIMORE APPROXIMATE INTERVAL ARTERIOSCEERTIC HEART DISEASE. 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) opinion death accurred an the date (City, town, or county) ADDRESS VS 150-REV. 1/1/68

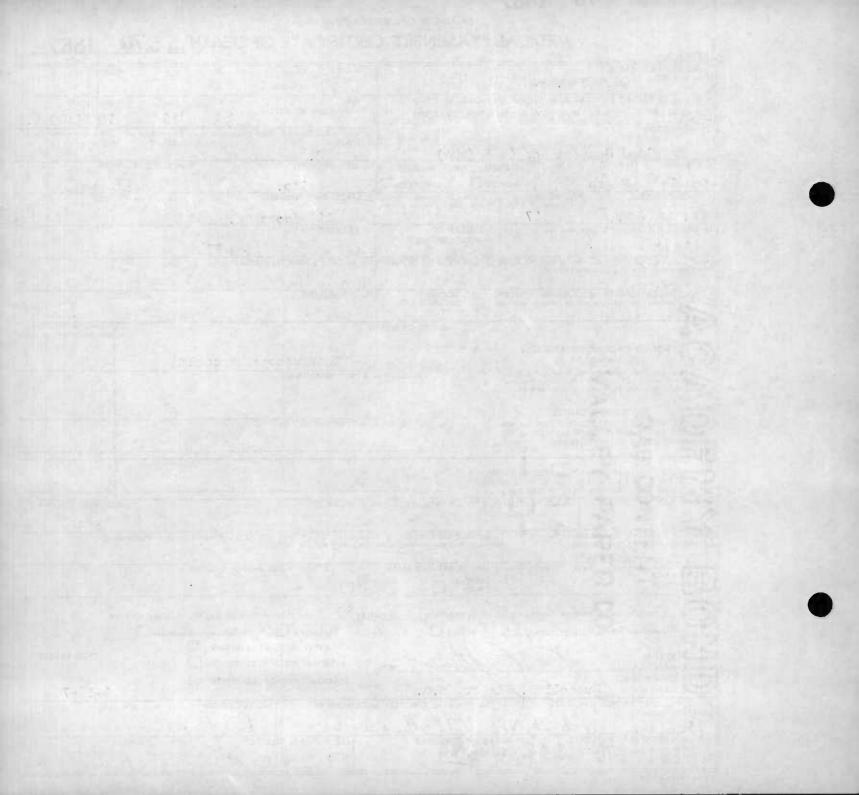
BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE	CITY HEALTH DEPARTMENT X 70 1866
	CATE OF DEATH REG. NO.
T.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14-10 4 PM. 1 M
	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	C. CITY OR TOWN ID INSIDE CITY HIMTS?
	A
MARYLAND GENERAL HOSPITAL	E. STREET AND NUMBER
48	BOX 358 MT. AIRY MA
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hee
MALE W. WIDOWED DIVORCED	1 9-12-98 1 100 1+1
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NONE	GERMANY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH KOCH	MELE BEACH
15. Wes Deceesed Ever in U. S. Armed Forces? 16. SOCIAL	17 INCOMAND
	ADDICES
Yes 218-07-471	THE STATE OF THE BLICK PAGE 21/11
161.9	METWEEN ONSELAND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	white stacked ouncetts 2 who
(This does not mean the mode of dying, e.g., (A)IMMEDIATE	CAUSE THE TANK CHUCUS Plugging LAS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	1 a che es homes
ANTECEDENT CAUSES	1011-100-10
DISEASES OR CONDITIONS, il any, giving (B)	RYAS A-CONSEQUENCE OF:
rise la the abave cause (A) stating the	The seland of Mudica
CO. (C).	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	tradialed Callange
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	elopbrosis y.
19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	[20A-AUTOPSY? (Yes or No)] 20B, IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OFFRATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS LINDER VINO	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIED CAUSES OF DEATH?
OR CONTERUTINO CAUSE OF	G. in or about 21C WHERE DID
DEATH (natify medical examined)	diffice bldg. INJURY OCCUR?
210-TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
₹ (APPROXI	While [7]
Work LJ At W	
22. I certify that (1) (this hospital) attended the deceased from	2-2- 19+0 to 2-14 19+0
that (I) (we) lost sow the deceased office on 2-14	one that in (my) (our) opinion death occurred on the date
and hour ond from the couses stated above. (1) (We) (did) (did no	t) view the body ofter death.
Land and Magazinana all a	Attending Med. Shiff Co.
1000 9-0000 11.2.	Phys. Director Phys.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
JALIU HALIERNEZ M. D. DEG	V.
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 2/18/700 7 paltimpre Natl	. Cemetery Baltimore, Maryland
25A DATE RICH BUTEL TH DELLE 925B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
TEB 17 1911 Valley & Nauben MD ()	Witzke Catonsville,1630 Edmondson Ave., Balto
· EB 17 1910 (BBe & E Haber RD O O O	Witzke Catonsville,1630 Edmondson Ave., Balto



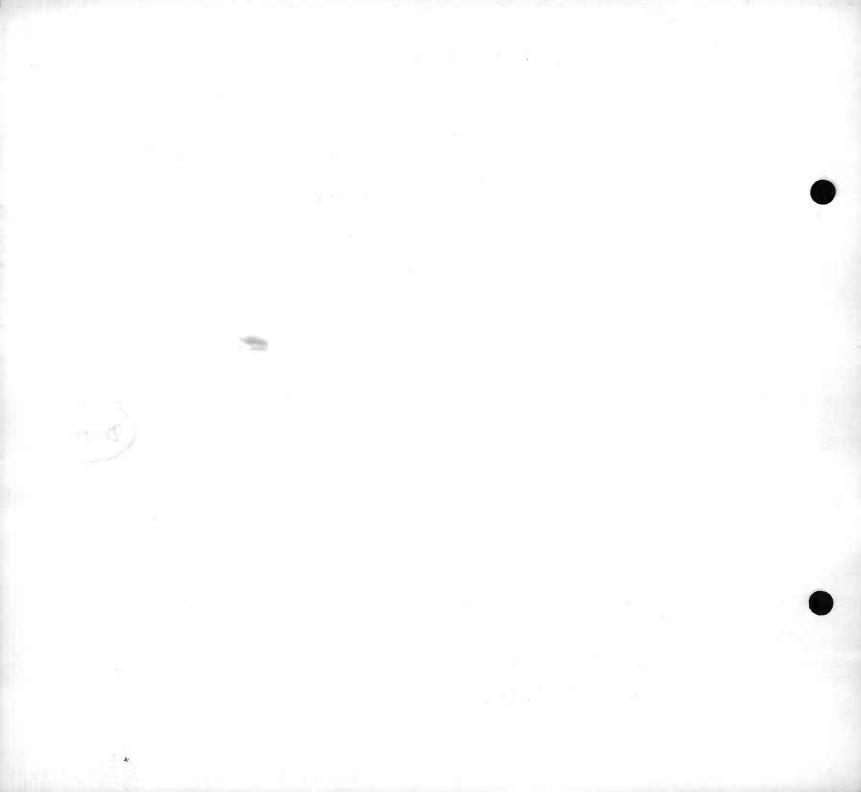
BALTIMORE CITY HE	ALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH RE	70 1000
BIRTH NO.	RE RE	G. NO. 100
1. NAME OF DECEASED	2. DATE Known Month	Doy Year Hour
(Type or Print) DOROTHY TO WATE	OF	Teor Panor
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH	M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	Doy Year Hour
HOSPITAL ADDRESS OR LOCATION)	2	16 70 1:40 A.M
OK MASHIONOM	5. USUAL RESIDENCE (Where deceased lived. # A. STATE	institution; residence before admission)
Maryland General Hospital (DOA)	Md.	18/12
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		SIDE CITY LIMITS?
T 7		
P. DATE OF BIRTH 10.AGE (In years	Balto.	YES NO L
[] Ost birthdoy) Months; Doys; Hours; Min.	L. STREET AND NOMBER	
TCb, 2, 1443 27	121 Scott St.	
11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Balto. Md. WHAT COUNTRY?	Walten WATTS	
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	11.11.11.	00.4 (
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117, SOCIAL	18. INFORMANT	MAIGNE
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	TO. HAPORMAN	ADDRESS
100	Willie Lee Dim	ons 1215.50. HS
19. CAUSE OF DEA	TH CONTROL OF THE CON	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE Intravenous narcotism	,
(This does not mean the mode of dying, e.g., DUFTO, OR	AUSE	
heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.)	A CONTRACTION OF	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION 1 AST		
0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
O	S PERFORMED	21. AUTOPSY? (Yes or No)
- 4-1		yes
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (II In Boltimore City, bldg., etc.) INJURY OCCUR?	alua avant la sette al
UNDERLYING OR CONTRIB-		Give exect location)
	bldg., etc.) INJURY OCCUR?	dia a exect location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED		Give exect location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT NOT	22F. HOW DID INJURY OCCUR?	give exect location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK NOT AT W	22F. HOW DID INJURY OCCUR?	give exect location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 23. WHILE AT WORK AT W	22F. HOW DID INJURY OCCUR? WHILE	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT NOT WORK AT W	22F. HOW DID INJURY OCCUR? WHILE ORK and that on this basis, death	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 23. WHILE AT WORK AT W	22F. HOW DID INJURY OCCUR? WHILE ORK and that on this basis, death	in my apinian
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT WORK AT W. 23. 1 cortify that I held on Inquiry Inspection Autorited fram: Natural causes Accident Suicid	WHILE DRY OCCUR? and that on this basis, death	in my apinian anner
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 cortify that I held on Inquiry Inspection Autorised fram: Natural causes Accident Suicid	22F. HOW DID INJURY OCCUR? WHILE ORX opsy and that on this basis, death Homicide Undetermined machine CHIEF MEDICAL EXAMINER	in my apinian
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 cortify that I held on Inquiry Inspection Aut resulted fram: Natural causes Accident Suicid ACTUAL SIGNATURE M.D.	22F. HOW DID INJURY OCCUR? Opsy and that on this basis, death Homicide Undetermined me CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	in my apinian anner
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 cortify that I held on Inquiry Inspection Autresulted fram: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S	22F. HOW DID INJURY OCCUR? WHILE ORX opsy and that on this basis, death Homicide Undetermined machine CHIEF MEDICAL EXAMINER	In my apinian anner DATE SIGNED
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 cortify that I held on Inquiry Inspection Aut resulted fram: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSELL S. Fisher, M.D. 24A. BURIAL CREMATION. 124B. DATE 124C. NAME of CEMETERY.	22F. HOW DID INJURY OCCUR? OPSY and that on this basis, death Homicide Undetermined machine CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	In my apinian anner DATE SIGNED 2-16-70
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 cortify that I held on Inquiry Inspection Aut resulted fram: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE11 S. Fisher, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	22F. HOW DID INJURY OCCUR? OPSY ON and that on this basis, death Homicide Undetermined management of CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (C	In my apinian anner DATE SIGNED
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 cortify that I held on Inquiry Inspection Aut resulted fram: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE11 S. Fisher, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	22F. HOW DID INJURY OCCUR? OPSY ON A and that on this basis, death Homicide Undetermined me CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (C	In my apinian anner DATE SIGNED 2-16-70
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 cortify that I held on Inquiry Inspection Aut resulted fram: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE11 S. Fisher, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	22F. HOW DID INJURY OCCUR? OPSY ON A and that on this basis, death Homicide Undetermined me CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (C	DATE SIGNED 2-16-70 Ity, town, or county) (State)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 cortify that I held on Inquiry Inspection Aut work AT work 1 cortify that I held on Inquiry Inspection Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSell S. Fisher, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) Buring Laboratory (Apple) Automatical Company (Apple) (Ap	opsy and that on this basis, death Undetermined me CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (C	DATE SIGNED 2-16-70 Ity, town, or county) (Stote)



	RTH NO. 67.14756	100	TE OF DEATH REG. NO	'70 1868 U		
	NAME OF DECEASED THE VECTOR	to Rall	2. DATE AND HOUR OF DEATH	70. 1.05 A		
3,	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceased lives, If	institution: tesidence before odmission)		
H	ULL NAME OF OSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARYLAND BALTIMORE CITY 603 C. CITY OR TOWN D. INSIDE CITY LIMITS?			
	33 THE JOHNS HOPKIN	S HOSPITAL	BALTIMORE E. STREET AND NUMBER 114 N. MADEIRA STR	YEKA NO		
	MALE NEGRO W	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 7-29-67 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
do	A. USUAL OCCUPATION (Give kind of work 108, ne during most of working life, even if selfred)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	MAH		
	JAMES BALL		BETTY ISOM			
15. (Ye	Wos Decoosed Ever in U. S. Armed Forces? is, no or unknown) (If yes, give wer or dotes of	sorvice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS -		
1	18. 7 2 2 2 2	CAUSE OF DEATH	Belly Tillag Son	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTI		7 1.1	BETWEEN ONSET AND DEATH		
	(This does not mean the mode of dying, e.g., healt failure, asthenia, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE INCROSSED INTROCTORNICAL PRESENTED TO THE CONTROL OF T					
	ANTECEDENT CAUSES Meningitis (Hemophilos influenzae) 2-3 days					
	DISEASES OR CONDITIONS, if any, rise to the above cause (Al stati UNDERLYING CONDITION last.	giving DUE TO, OR AS ng the (C)	A CONSEQUENCE OF:	3337		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A	A LATER A P				
CERTIFICATI	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
¥	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofity medical examiner)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, office)	or about 21 C. WHERE DID (If In Boltimorico bldg., INJURY OCCUR?	re City, give exoct location)		
MEDIC	21 D. TIME (Month! (Doy) (Yoor) (Hor OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJURY OCCUR?			
	22. I certify that (I) (this hospital) atte that (I) (we) last saw the deceased all		19 0 and that in (my) (aur) and			
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.					
	23A, SIGNATURE	Atten Phys.		Feb. 14, 1970		
	23C.PHYSICIAN'S NAME (Type) DOUGLAS S.	KERR	THE JOHNS HODKING HO	DITAL		
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CREA	THE JOHNS HOPKINS HOS	ty, town, or county) (Stotel		
25 A	3 Wial 3-17-70 DATE RECT BY HEALTH DEPT. 1258.9	MAN OF MEGATRAR	350 FUNERAL DIRECTOR	ML		
VS	FEB 17 19/0 066645 4- V	The state of the s	Slig Oldsbor 1001	Beauly le		

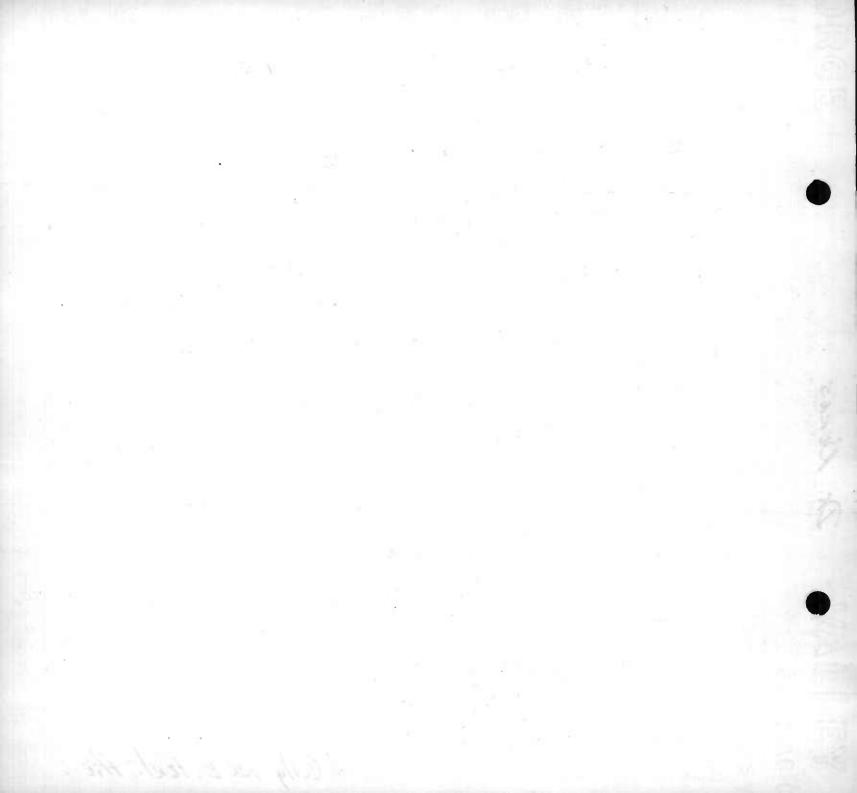


BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 70 1869 CERTIFICATE OF DEATH REG. NO. 70 1869
(Type or Print) WILLIAMS PAULINE A. 2 - 15 - 70 1 600 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whore deceased lived, If institution; residence before admission a STATE B. COUNTY
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MA BALTIMORE 1604
UNION MEMORIAL HOSPITA BALTIMORE YES NO
2037 HARLEM AVENUE
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lif Under 1 1/2, if Under 24 Hrs Inst birthday) Months; Days Hours Min.
WIDOWED DIVORCED 101-15
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stole or fareign country)
HOUSEWIFE None Kings Ton, Md. 4.5. A.
HAROLD CARTMON HAROLD CARTMON HAROLE ADKINS
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT A DIDECE
tras, no or unknown) (If yas, give war or doles of service) SECURITY NO.
18. 4/30 O APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) AR A CHNOID (B) HE MORRHINGE
heart failure, asthenia, etc. If means the disease, injury or camplication which caused death.)
ANTECEDENT CAUSES HYPERTENSION
DISEASES OR CONDITIONS, it any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:
ise to the above cause (A) stating the UNDERLYING CONDITION tast. (c)
7 11
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL STORM OF THE DEATH BUT NOT RELATED TO THE TERMINAL STORM OF THE DEATH BUT NOT THE TERMINAL STORM OF THE DEATH BUT NOT THE TERMINAL
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF hame, form, factory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Houd 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
APPROX.) While At Not While At Work
22. I certify that (1) (this hospital) attended the deceased from 02-13-70 19 % to 2-15
that (1) (we) last sow the deceased alive on 2 - 14 19 O and that in (my) (out) opinion death occurred on the dat
and have and from the causes stated above. (1) (Ne) (did) (did not) view the bady after death.
23A. SIGNATURE 23B. DATE SIGNED
Phys. Attending Med. Stoff Phys. 2 - 15 - 70
23C. PHYSICIAN'S NAME (Type) 7. P. MIKUS 23D. ADDRESS UMH
24A. BURIAL CREMATION, REMOVAD (Spacify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) (Stote)
BUTIAL 2-19-70 CATVER Mum. Com. Laurel md.
25A. DATE REC'D. BY HEALTH DEPT. 25B. NAME OF BEGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
FEB 17 1970 Palent E. Jankey Let. O Tohney 10, 5Willow 1000 Branley fre.

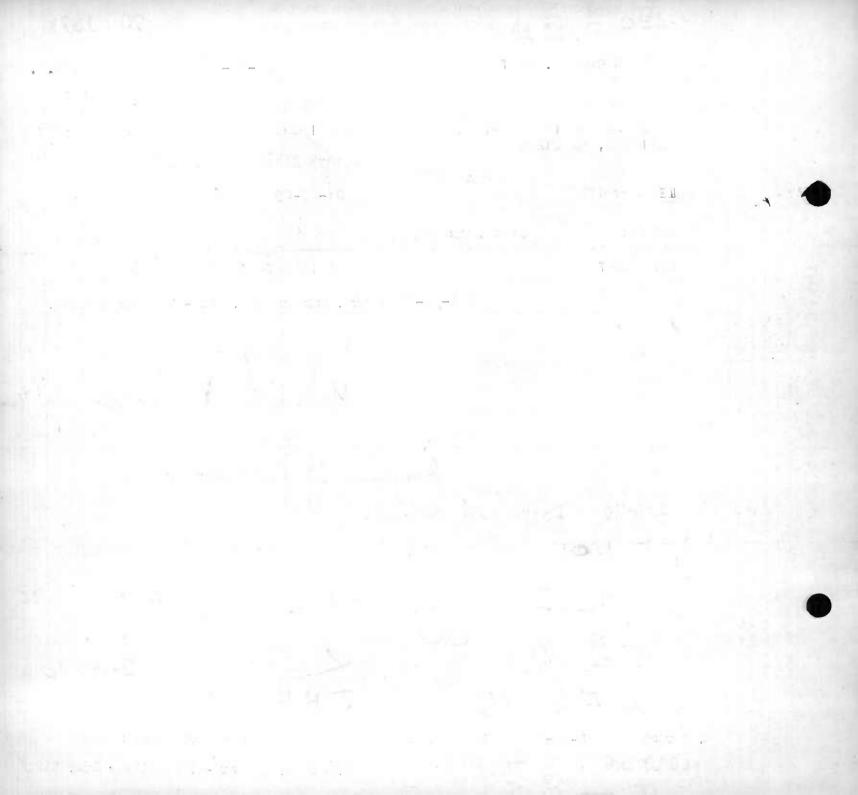


VS 150-REV. 1/1/68

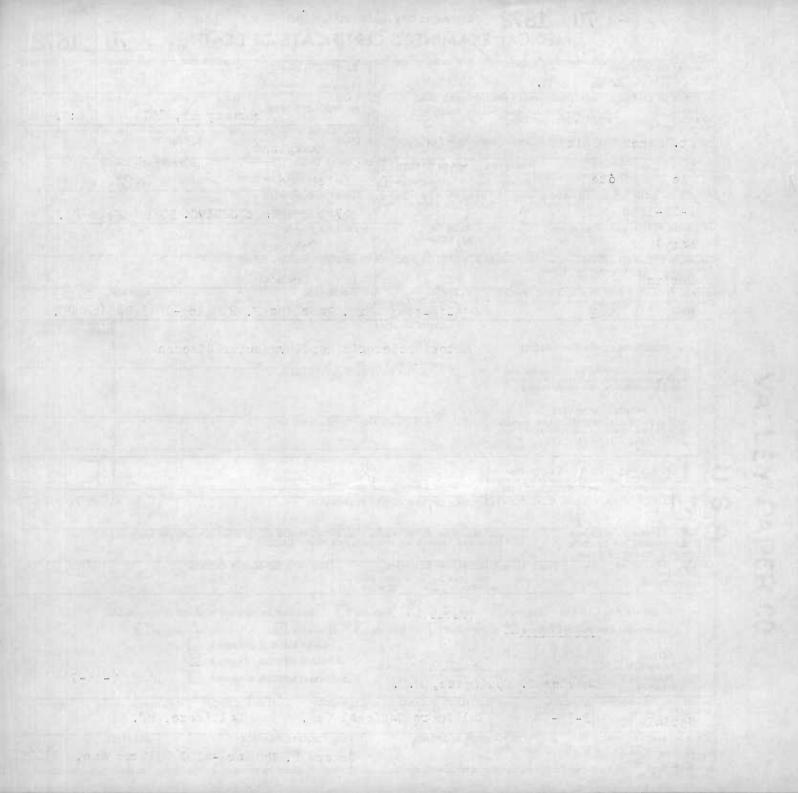
BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO.	TE OF DEATH REG. NO. 70 1871
1, NAME OF DECEASED (Type or Print)	2, DATE AND HOUR OF DEATH
GEORGE A. HART	02-15-70 4 P.M. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
THE JOHNS HOPKINS HOSPITAL	BALTIMORE YESX NO
BALTIMORE, MD 21205	1218 SARGEANT STREET
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
MALEE WHITE WIDOWED DIVORCED	01-23-05 65
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Machinist Balto. Transit Co	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WALTER HART	ELIZABETH KNELL
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 21223
No 213-05-9928	Mrs. Catherine D. Hart-1218 Sargeant St.
18. 162. 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Reconstruct Assect
(A) IMMEDIATE CAL	
heorl failure, asthenia, etc. It meons the diseose, injury or complication which caused death.)	
ANTECEDENT CAUSES	Moderate to over 0 Solate Ca. 4.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	V V
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- no nolline
DISEASE OR CONDITION GIVEN IN PART 1 (A).	ma I f whoram ceremen
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? Mes at No. 20B. IF YER, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2-11-70 WAS PERFORMED 2-11-70 WAS PERFORMED 2-11-70 WAS PERFORMED (21A. ACCIDENT WAS UNDERLYING) (21B. PLACE OF INJURY (0.g.,	in ar about 21 C. WHERE DID (If th Baltimare City, give exact location)
OR CONTRIBUTING CAUSE OF Jome, form, foctory, street, of DEATH (notify medical examiner)	ffice bidg., INJURY OCCUR?
	21F. HOW DID INJURY OCCUR?
OF INJURY While At Not While	le 🗖
(APPROX.) Wark At Work	
22. I certify that (1) this hospital attended the deceased from	2-8 1970 10 2-15 1970.
and haur and from the causes stated abave. (1) (We) (did) (did nat)	W-W
23A. SIGNATURE	anding Med. Shoff
DEGREE Phy	s. Director Phys. 2-15-10
NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CR	EMATORY 24D. LOCATION (City, tawn, ar caunty) (State)
Burial 2-18-70 Loudon Park	Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25 NAME OF TEDISTRAR	25C. FUNERAL DIRECTOR ADDRESS
EEB TJ 19/0 October 5 James 12 15	Howard H. Hubbard-4107 Wilkens Ave. 21229
VS 150-REV. 1/1/6B	

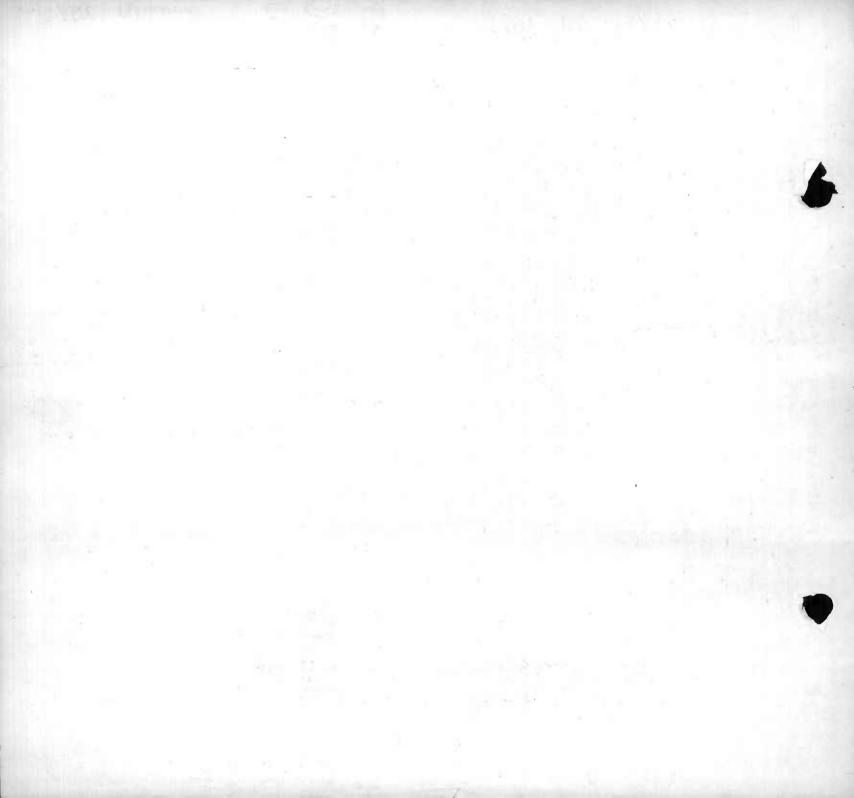


VS 151-REV. 1/1/68



D -50	20 70.	1873		HEALTH DEPARTM	Y	70 1873
1. NAME OF D	RAYMOND L	DYMICK	I		ATE AND HOUR OF DEATH	12 NOON
FULL NAME OF HOSPITAL OR INSTITUTION	of Office Martand, of Office Maddress or too Baltimore City 1940 Eastern / Baltimore, Mary	TAL OR INSTIT CATIONI Hospita	UTION, GIVE STREET	A. STATE Maryland C. CITY OR TOWN Stevenson E. STREET AND NUM Stevenson	Anne Arund	institution: residence belara admission lel 5200 SIDE CITY LIMITS? YES NO 2
5. sex Male	6.RACE White	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9-28-1941	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OC dane during most 1 ab	or Working life, even if refired) T AME	Westin	BUSINESS OR INDUSTRY	Maryland 14. Mother's Maid	or foreign country!	12. CITIZEN OF WHAT COUNTRY
5. Was Deceas	Walter J.	_	I 6. SOCIAL		Edna	Wheeler
Yes, no or unknow	vnl (If yes, give wor or do	es of service)	SECURITY NO.	17. INFORMANT Records: BCH-	-4940 Eastern A	Address Venue 21224
OTHER SIGN OTHER SIGN TO THE DE. OTHER DE. OTH	ENT WAS UNDERLYING	ONTRIBUTING (HE TERMINAL RT 1 (A), HOTTON FOR V	VHICH OPERATION PLACE OF INJURY (e.g., fire, foctory, steet, of	A CONSEQUENCE OF: A CONSEQUENCE	leading + a	***************************************
21D. TIME	(Month) (Doyl (Year)	eicJ	BY CEN	21E HOW D		5 2 c
(APPROX.) 22. 1 certife that (*). (we) last saw the decease nd from the causes sta	10 p.M Whit World the ad alive an	le At Not White At Work	19.70 aut	accicled 1969 to Fe	nian death accurred an the date
Meh	di Saukar			nding Med. Director	Staff Phys.	2/13/70
PA & H	Di JAR	carati KARF	+Ti M.D.	3D. ADDRESS 4940	Eastern Avenue 21224	,Baltimore,Md.
REMOVAL Burial	EMATION, 248. DATE (Specily) 2/17/	70 Gle	ME of CEMETERY of CRE		Glen Burnie,	rly, town, or county! Stotel
		258/10/10/00				?Glen Burnie,Md.

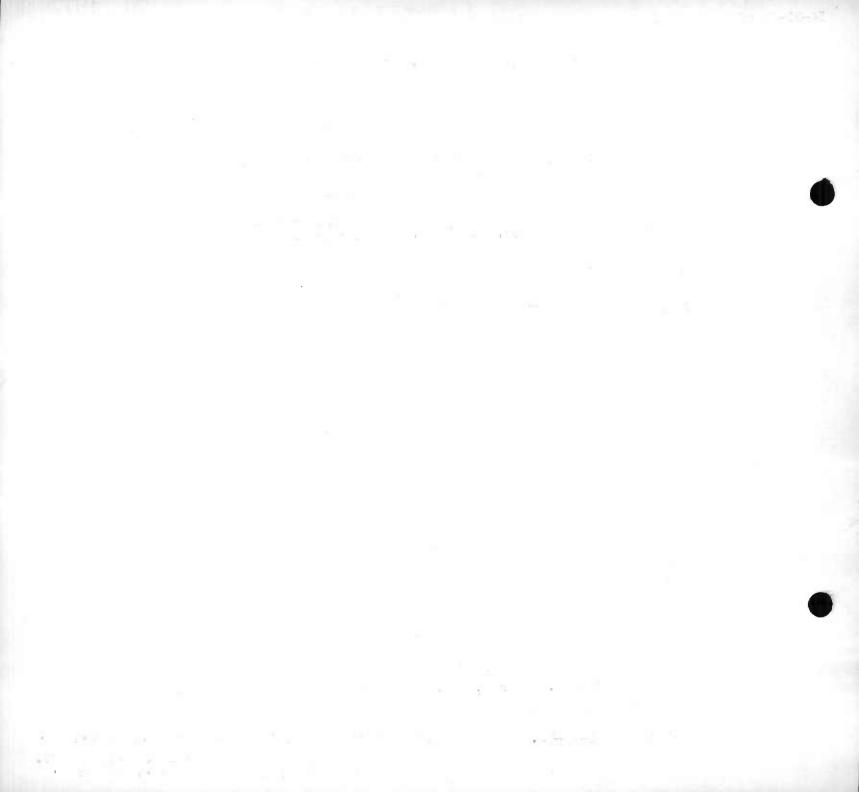
BALTIMORE CITY HEALTH DEPARTMENT



VS 151-REV. 7/1/68

VS 151-REV. 1/1/68

purious requests produce and . ova and in the Cara Seroleman 196 in The second of the second



IMPORTANT

DIRECTOR:

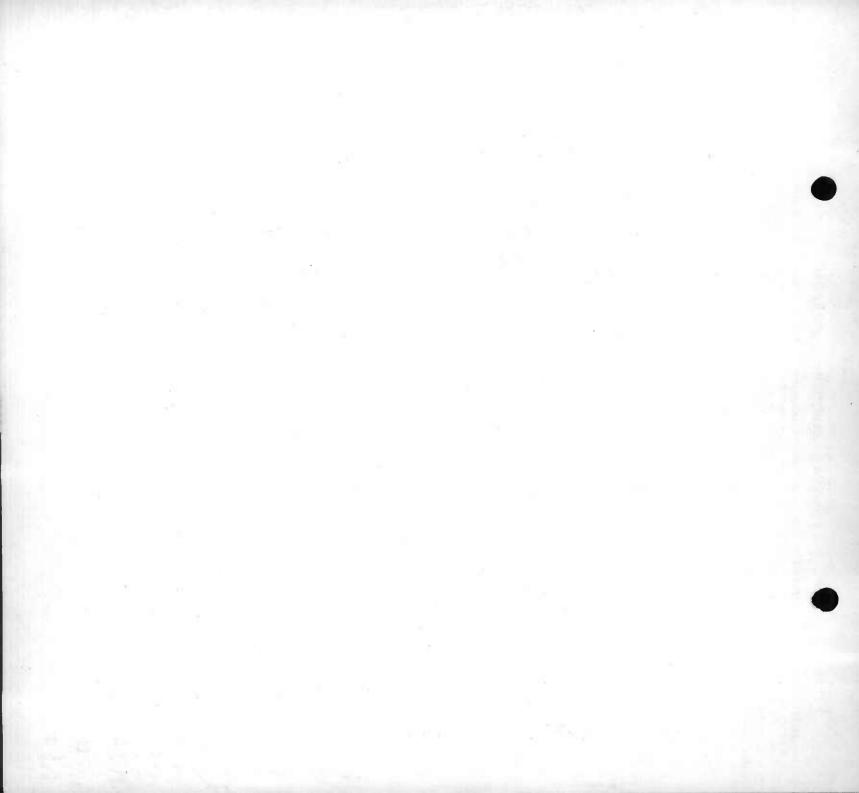
FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

ETWEEN ONSET AND DEATH

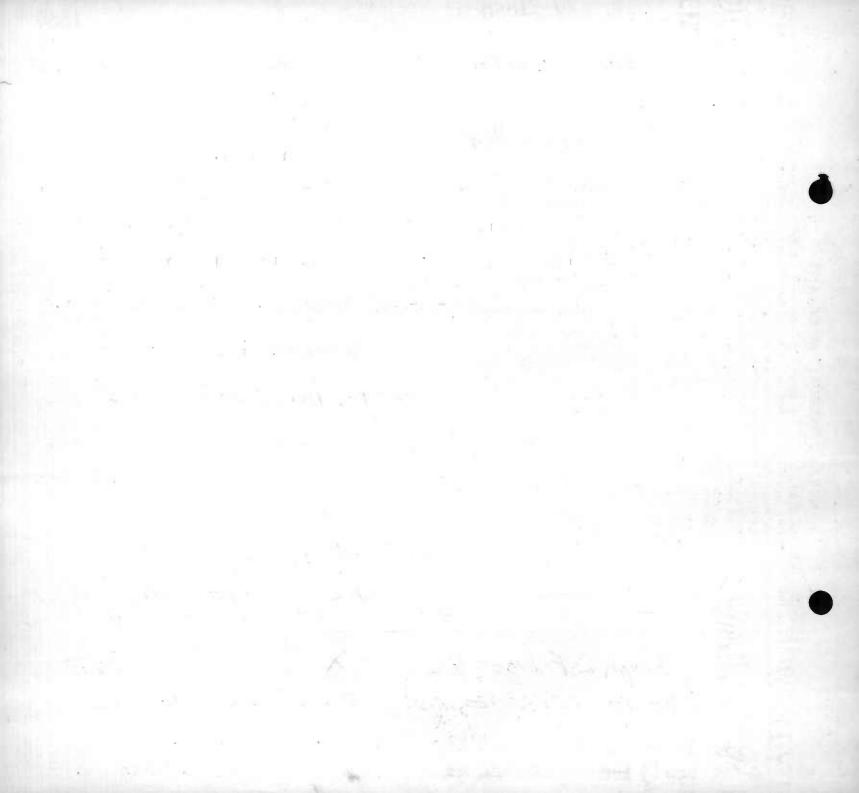


FUNERAL DIRECTOR: IMPORTANT

5-211	2 70	1879	BALTIMORE CITY	HEALTH DEPARTMENT		70 1879
BIRTH NO.	2 10	1013	CERTIFICA	TE OF DEATH	REG. NO	TO TO TO
1, NAME OF DEC	CEASED			2. DATE	AND HOUR OF DEATH	- //
Geo	orge J. Stulock			Febru	Jary 16, 1970	3 A
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE 8. CO	here deceased lived. If i	institution: residence bolore admiss
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	Maryland C. GTY OF TOWN Baltimore	D. INS	SIDE CITY LIMITS? YES K NO NO
00	3409 Levert	on Aven	ue	E. STREED ON D NUMBER	on Avenue	136 10
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., If Under 24
Male	White	WIDOWED		May 22, 1916	53	Months Doys Hours Mi
OA, USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUN
Wareho	working life even if retired) USE Supervisor	Esska		West Newton	, Pa.	U.S.A.
Johr	n Stulock			14. MOTHER'S MAIDEN N	IAME	
	Ever in U. S. Armed Fore		1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown es .	(If yes, give wor or dote	s of service)	213-05-6503		Kowalewski	4308 Greahill Ave
18. 4//	1.91		CAUSE OF DEAT	Н		APPROXIMATE INTERV
rise to th	OR CONDITIONS, if a abave cause (A) G CONDITION lost.		(C)	A CONSEQUENCE OF:		
TO THE DEA	II FICANT CONDITIONS COITH BUT NOT RELATED TO THE	HE TERMINAL				
	F OPERATION GIVEN IN PAR 198. CON WAS PERF	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
▼ DEATH (notify	NT WAS UNDERLYING UTING CAUSE OF	21B. hom etc.	e, lorm, lactory, street, o	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	ere City, give exact location)
O 21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY			te AI Not While			
		Wo	4.	10	+111	2/1/
22. I certify	that (1) (this haspital) attended t	he deceased from	1750	19 44 to	U/1 6 19/
that (I) (we)	last saw the decease	d alive an	1/2/	19and	that in (my) (aur) ap	inian death accurred an the
and have an	d from the causes stat	ed abave (1) (We (did) (did nat)	riew the bady after deat	h.	
23A. SIGNATI	JRE 1/	.//		. /		23B. DATE SIGNED
12m	7 ann Ho	Mar Alla	DE GREE Phy	ending Med. Director	Staff Phys.	21/6/20
23C. PHYSICIA	Type)	N D	DE GREE	23D. ADDRESS	Illann &	Vo Brita Mis
Benjo			DEGREE	EMATORY 24D	LOCATION (C	City, town, or county) (Stol
Burial	2/26/70		Baltimore Nat'l		Itimore, Md.	
FEB 17	1970 Bers E.	25B. NAME C	REGISTRAR	2SC. FUNERAL DIRECT	OR	. Conkling St.
S 150-REV. 1/1/	68					

Annual of the same of

IMPORTANT DIRECTOR: FUNERAL 1880 BALTIMORE CITY HEALTH DEPARTMENT deceased lived. If institution; residence before admission D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 212-14-9003 Eleanora E. Smith 1809 Aiken St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) and that in(my) (eve) apinlan death accurred on the date ADDRESS C March 928 E. North



Balto National Cem.

Balto., Md.

928

ADDRESS

North

25C. FUNERAL DIRECTOR

Burial

VS 151-REV. 7/1/68

25A. DATE REC'D BY HEALTH DEPT

2/19/70

Hobers.

255 NAME OF REGISTRAR

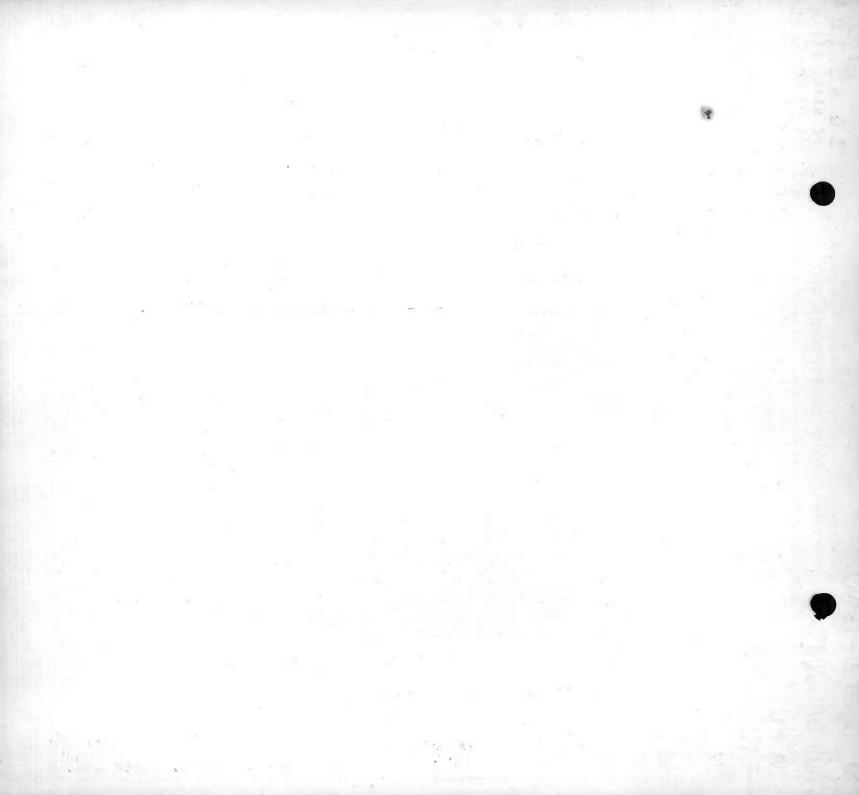
· man Financia Esa de Contra de Cont

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

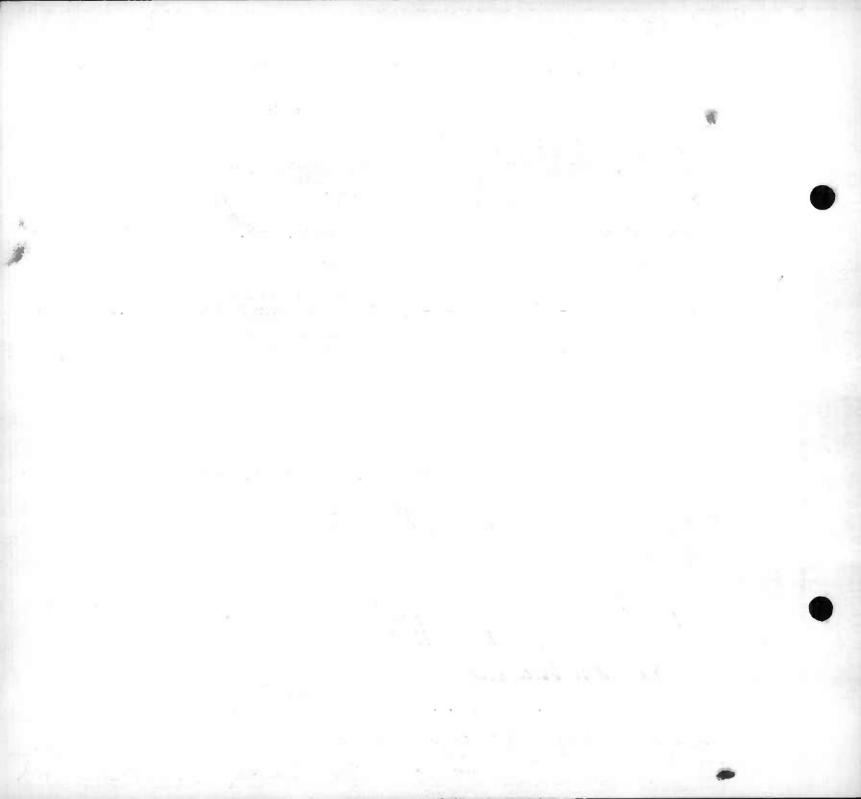
10 1882 BALTIMORE CE	TY HEALTH DEPARTMENT
BURTH NO. CERTIFICA	ATE OF DEATH REG. NO. 70 1882
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	AAA COUNTI
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION UNION MEMORIAL HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?
44 OLOGO MELIONING MOSTILLE	E. STREET AND NUMBER
	541 E. 23rd St.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	12-29-56 lost birthday) 13 Months Daye Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Maryland U.S.
JAMES ALEWINE	14. MOTHER'S MAIDEN NAME
15. Woe Deceased Ever in U. S. Armed Farces? 16. SOCIAL	MOSETTA EVANS
SECURITY NO.	Parou Couper MD UNION HEMORIAL
18. 438.9 1 CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CA	corplact edams
heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:
injury or camplication which caused death.) ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
rise to the above cause (A) stoting the UNDERLYING CONDITION tast. (C)	(D·H.)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., form, foctory, effect, of DEATH inosity medicol examined)	in or about 21 C. WHERE DID (If In Boltimore City, give exact location)
Q 21 D. TIME (Month) (Day) (Year) (Hour) (215 IN) III BY O.C. CLERED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not While Many At Wark	le 🛅
22 1 - 15 - 1 - (1) (1) 1	Feb 13 1970 10 726 13 19 70
that (1) (we) last saw the deceased alive an FC 13	19 70 and that In(my) (our) opinion death occurred an the date
and hour and from the causes stated above. (1) (We) (did) (did not) (23A. SIGNATURE)	riew the body after death.
AH	anding Med. Shaff 238. DATE SIGNED 238. DATE SIGNED 2 - / 3 - 7 0
100C BUYER CLAAMA	23D. ADDRESS
1)HLYH GRUPO DEGREE 14A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	3A/ T (PIOCE / ///
Burnel 2/18/10 Mt. Calsany Co	Anne Anne Annel Cty
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
5 150-REV. 1/1/68	MMACT MARCH 928 E NOVERD

mar and Low I as II be will SALL STATE OF THE the ground off springs against

VS 1SO-REV. 1/1/68



K	3-60 d 70 18	BALTIMORE CIT	Y HEALTH DEPARTMENT	X REG. NO.	70 1884
	RTH NO.	OH CERTIFICA	TE OF DEATH		-001
	ype or Print)	Lee (GR		1/70	77.00 A
3.	GRAY, George .	ONOLINCED DEAD			11:20 A Natitution: residence before admission
1			A. STATE B. COUNT	I	stitution: residence before admission)
FI	ULL NAME OF (IF NOT IN HOSPITAL OR I OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland, Queer	Anne	67.00
II.	ISHIDIION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
2	Veterans Administration		Centerville E. STREET AND NUMBER		YES NO
<	3900 Loch Raven Bouleva				
5.	Baltimore Maryland 212	18	8. DATE OF BIRTH 19.		
	Male Negro WIDO	WED DIVORCED	2/7/08	AGE (In years let birthdoy) 72	Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if retired) Truck Driver	D OF BUSINESS OR INDUSTRY	Detroit, Mich	•	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		- Court
	John Gray		Lizzie Jones	•	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yes, give wor or dates of sore	lcol SECURITY NO.	J7. INFORMANT VA Hospital Recor	rde	ADDRESS
	Yes 8/18/42 - 5/20/		3900 Loch Raven		Ralto Md 21218
V	18.	CAUSE OF DEAT		Dogressin 1	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		Carcinoma of	lung with	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	hrain motasta	-	8 months
	(This does not mean the mode of dying, heart failure, osthenia, etc. It means the disc		A CONSEQUENCE OF:		
	injury or complication which coused deoth.)	1050,			
	ANTECEDENT CAUSES	T . TT			
	DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	nise to the obove couse (A) stoling UNDERLYING CONDITION lost.	ine			
	CHUERLING CONDITION 10SE	(c)			
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	10			
ATION	I IO THE DEATH RITT NOT PELATED TO THE TERMIN	NG Pulmona	ry, Tuberculosis	, quescent	
2	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	20A. AUTOPSY? (Yes or No)	200 IE VEC MERE C	A DINGS CONSIDER
CERTIFIC	WAS PERFORMED	- Wilding of Excilor	NO	IN CERTIFYING CAU	SES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21R PLACE OF INJURY (e.g., in home, farm, foclory, street, of etc.)	or obout 21C. WHERE DID	(II in Boltimore	City, give exact location)
344	21D-TIME (Month) (Doy) (Your) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUI	Y OCCUR?	
Z	(APPROX.)	While At Work Not While Work			
	22. I certify that (f) (this hospital) attend	THOIR - AT HOR	house Ored	7/0	Const. I little
			. 70	70 to Febru	
	that (I) (we) lost saw the deceased alive			in (my) (our) opini	an death occurred on the date
	and have and from the couses stated abov	o. (1) (Mo) (q1q) (q1q/ubh) A	lew the bady after deoth.		
	23A. SIGNATURE	1/100		1	238, DATE SIGNED
	skind a Vuar	DEGREE Phys	nding Med. Sh	off X	2/11/70
	23C. PHYSICIXM'S NAME (Typel	DEGNIE		h Raven Bou	levard
	DAVID N. MAI	RINE, M.D.		e, Maryland	
24A		NAME of CEMETERY OF CRE			, town, or county) (State)
4	2 2 16 1970 1	At ZION CE	METERY R.	n = 1	itea ville
25A	DATE NEC'D BY HEALTH- DEPT. 258 NA		25C. FUNERAL DIRECTOR	TI YHZ CE	NIERVITE, md
F.	B 17 1970 Rous E. Parle	Ar A	25C. PUNERAL DIRECTOR	2 -	ADDRESS
1/5	150-REV. 1/1/68		Thursday 120	C'NE	STERTOW N, Md



	BALTIMORE CITY I	HEALTH DEPARTMENT		70 1886
W-452 70 1886 BIRTH NO.	CERTIFICAT	TE OF DEATH	X REG. NO.	1000
(Type or Print) JULIUS WILLIAMS			D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (When	a-10-70 o deceased lived. Il institut	on: residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR INSTINSTITUTION FULL NAME OF ADDRESS OR LOCATION)	TTUTION, GIVE STREET	A. STATE B. COUN C. CHYOR TOWN	D. (NSIDE C	5300
Edgward nursing	Home	E. STREET AND NUMBER	1 1/2	NO 🗌
male Gard WIDOWE	D DIVORCED	Oct. 10 1989	ost birthdayl Mo	Under 1 Yr. If Under 24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done dusing most of working life, even if refired)	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (Stote or lorei	gn country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Miller	amo/	4. MOTHER'S MAIDEN NAM	ne Oles	urs, n
15. Was Deceased EverUn U. S. Armed Forcos? (Yes, no or unknown) Uf yes, give wer or dates of service	16. SOCIAL SECURITY NO.	MINFORMANT THE	in Michail	ADDRESS
18. / / / / / / / / /	CAUSE OF DEATH	nos vergin	a Hallam	1 APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUSE	Resurrey L'm	mardiel in	and seconds
17his does not mean the made of dying, e.g. haort toilure, asthenio, etc. It means the diseas	V-/	CONSEQUENCE OF:		
injury or complication which caused death.)	//	2 11		
ANTECEDENT CAUSES	(8) Chykers	relevadue lara	is vercele de	o 7rn
DISEASES OR CONDITIONS, il any, givin risa la lhe abave cause (A) stoling th UNDERLYING CONDITION last.	g DUE 10, OR AS A e (C)	CONSEQUENCE OF:	o o o o o o o o o o o o o o o o o o o	
11	(9/************************************	***************************************	***************************************	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	,			1 198
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*******************************			***************************************
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSYT (Yes or No)	20B, IF YES, WERE FINDI	NGS CONSIDERED OF DEATHT
OF CONTRIBUTINO CAUSE OF DEATH Inclify medical examined	B. PLACE OF INJURY (e.g., in come, form, foctory, street, officed)	or obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If In Boltimore City	, give exact location)
₹ OF INJURY	E INJURY OCCURRED While At Not While At Wark	21F. HOW DID INJL	RY OCCUR?	
l M				
22. I certify that (I) (this hospital) attended	the deceased from	Feb / 1	70_to	Febr 10 1970
	4 / -			Action 1970
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive on	Feb 8	19.70 ond the		deoth occurred on the date
22. I certify that (I) (this hospital) attended	Feb 8	19.70 ond the	t ln(my) (our) opinion	
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive on and haur and from the causes stated above. 23A. SIGNATURE	(1) (We) (did) (did not) vie	19 70 ond that we the body ofter deoth.	t In (my) (our) opinion	deoth occurred on the date
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive on and haur and from the couses stated above. 23A. SIGNATURE JELLINER 23C. PAYSICIAN'S	(1) (We) (did) (did not) vie (I) (We) (did) (did not) vie Attendi Phys.	19 70 ond that we the body ofter deoth.	t In (my) (our) opinion	deoth occurred on the date
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive on and haur and from the couses stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	(I) (We) (did) (did net) vie (II) (We) (did) (did net) vie	19 70 ond that we the body ofter deoth. ing Med. Director D. ADDRESS	t in (my) (our) opinion	DATE SIGNED 2-10-70
22. I certify that (I) (this hospitol) attended that (I) (we) last saw the deceased olive on and haur and from the couses stated above. 23A. SIGNATURE JELLIESH JULIU 23C. PHYSICIAN'S NAME (Type) FREDERICK J VOLLMER	(1) (We) (did) (did net) vie (I) (We) (did) (did net) vie Attendi Phys. [231]	19 70 ond the w the body ofter deoth. Ing Med. Director D. ADDRESS 6100 YORK R	t In (my) (our) opinion 238. D BALTO MI	DATE SIGNED 2-10-70
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive on and haur and from the couses stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PREDICIC J VOLLMER 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE 24C.1 24C.1	(1) (We) (did) (did not) vie (I) (We) (did) (did not) vie	19 70 ond the w the body ofter deoth. Ing Med. Director D. ADDRESS 6100 YORK R	t In (my) (our) opinion 238,	DATE SIGNED 2-10-70 N112 In, or county) ADDRESS

where he wang pointed and

againme purhament about some

licker strocke and reading

24.0

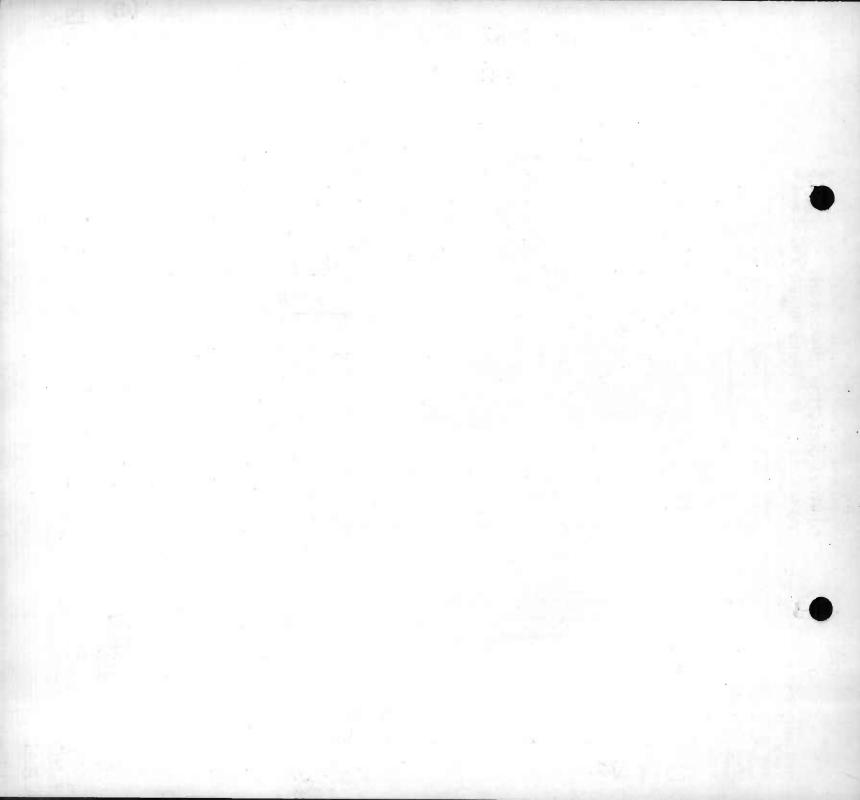
Aug 5 10

Francisco J Variance MD

bicotoak Ro BALTO MO TILL

8-10. M

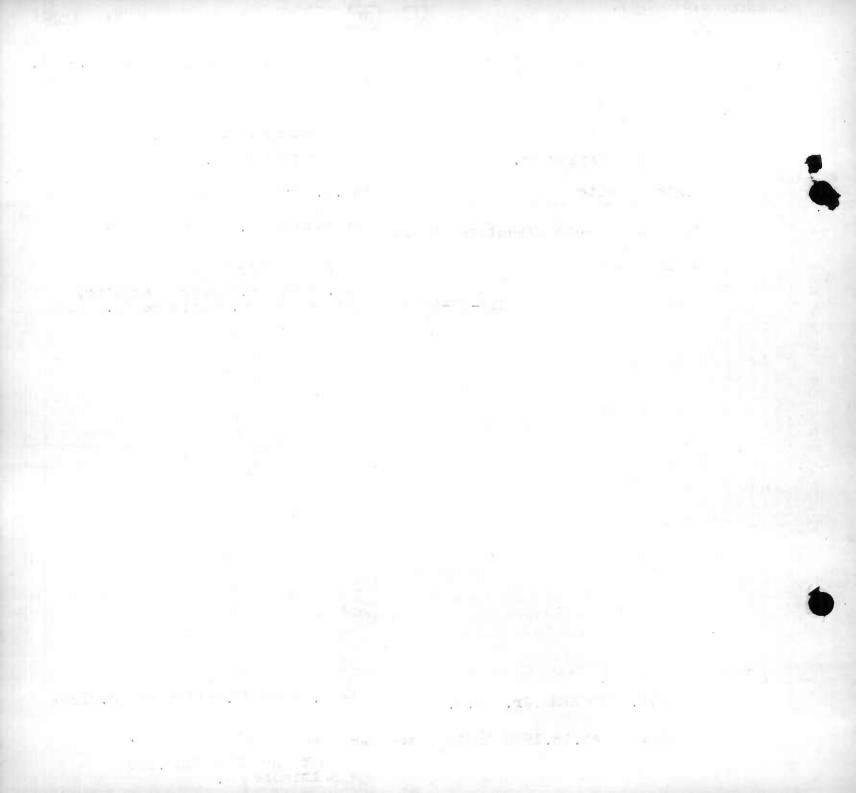
BALTIMORE CITY HEALTH DEPARTMENT



1/ 14 \ 120 10		HEALTH DEPARTMENT		70 1909
BIRTH NO. 18	88 CERTIFICA	TE OF DEATH	REG. NO.	70 1888
1, NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	0
(Type or Print) ELENORA LC	RETTA KREIS	Feb	.12.1970	0 1 /O P. M
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	MENDED STITUTION, CAVE STREET	A. USUAL RESIDENCE (Where A. STATE B. COUNT Maryland	Y	stitution: residence before admission) 2733 DE CITY LIMITS?
House in The	2-26-70 Pines	Baltimore		YES X NO
5837 Belair		E. STREET AND NUMBER 2907EStra	thmore Av	e.
5. SEX 6. RACE 7. MARR	RED NEVER MARRIED	B. DATE OF BIRTH 9.	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
Female White WIDOW	VED A DIVORCED	Feb. 20.1900	69	12. CITIZEN OF WHAT COUNTRY:
done during most of working life, even if refired) Seamstress Re 13. FATHER'S NAME	tired	Baltimore Md		USA
John Adam Raab		Johanna Fe		ke
15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give war or dates of sorvi	16. SOCIAL SECURITY NO. -12-4727	John R. Free:	and Sr. rander-Sr ethmore A	ADDRESS Ve. 21214
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury ar camplicotian which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givise to the abave couse (A) stolling UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify modicol exeminer) 21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	ose, ving the DUE TO, OFFAS (C) Recurrent NG NAL Charming OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of otc.) 21E. INJURY OCCURRED White At Not Whill Not Whill Not Work	A CONSEQUENCE OF: A CONSEQUENCE	(If In Boltimore	FINDINGS CONSIDERED USES OF DEATH?
REMOVAL (Specify)	M.D. DEGREE	nding Med. Director P 23D. ADDRESS 4900 Belair EMATORY 24D. LO	Rd.Balti	Inlon death occurred on the date 23B, DATE SIGNED Feb. 13, 1970 More Md. 21206 ly, town, or county) (Stote)
Burial Feb. 16.1970 25A. DATE REC'D BY HEALTH DEPT. FEB 17 1970 C. LEA DEV. 1478	Loudon Park C	emetery Bassers Director HENRY SANDER Baltimore Mo	altimore M R & SONS.I	ADDRESS

FUNERAL DIRECTOR: IMPORTANT

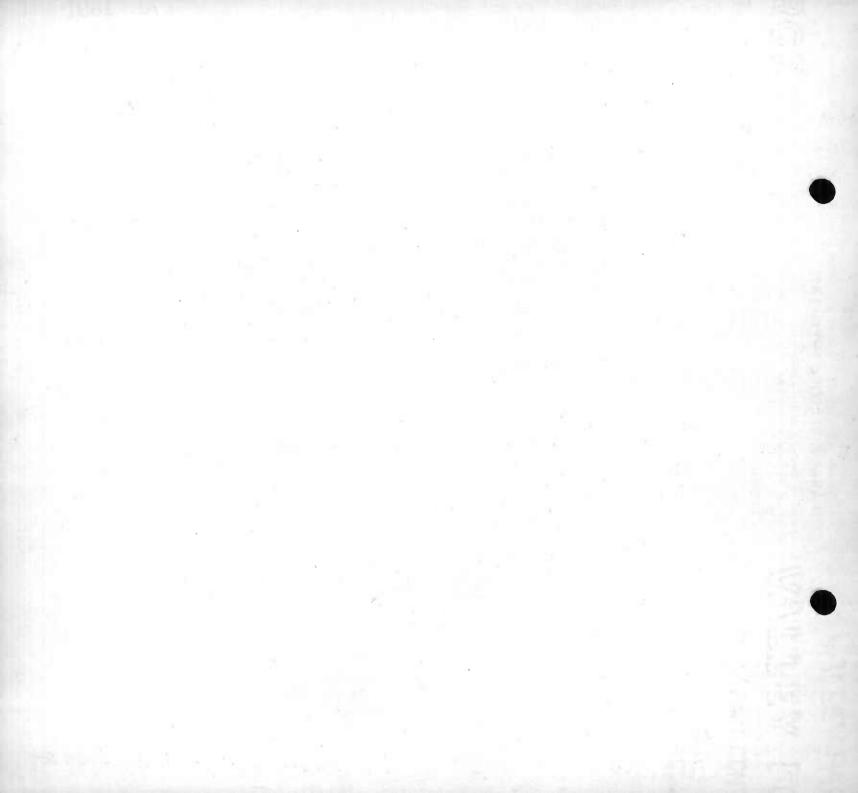
1	/ min	100	0			
IRTH NO.	6 10	188	9 CERTIFICA	TE OF DEATH	REG. NO	70 1889
NAME OF DE	CEASED				AND HOUR OF DEATH	
Type or Print)	JOHN	ELME	R	Fe	bruary 16,	1970 1.30 A.
PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRON	IOUNCED DEAD	14. USUAL RESIDENCE (\	Vhere deceased lived. If	institution: residence before admission
ULL NAME OF	/IF NOT IN HOSPI	TAL OF INS	TITUTION, GIVE STREET	Maryland		2.712
OSPITAL OR	ADDRESS OR LOC		TO HON, OFFE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
10111011				Beltimor	e 21212	YES NO
20				Baltimor		
	102 Taplow	Rd.		102 Tapl	ow Rd.	
SEX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Manths Days Hours Min.
Male	White	WIDOWE		Aug. 5.1885	84	
	UPATION (Give kind of war		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF WHAT COUNT
	ast Radio I		two (worm)	Baltimore 1	Md.	USA
3. FATHER'S NA		execu t	TAC (MODIL)	14. MOTHER'S MAIDEN	NAME	
Tohn H	1			ma 4 = -2 - 42 - 1	24-21	
John E	Lmer d Ever in U. S. Armed Fo	010057	16. SOCIAL	Elizabeth 1	Birkhead	ADDRESS
es, na ar unknow	n) (If yes, give war ar do	ites of service		Mrs. George	H. Roeder (
no		21	7-07-4787			re Md.21212
18.	2.2		CAUSE OF DEAT	Н	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APPROXIMATE INTERVA
DISEA	SE OR CONDITION D		arten	reluter Car	dimental	
	LEADING TO DEATH		(A)IMMEDIATE CAL	JSE A CONSEQUENCE OF:	~~	20 years
(This daes	nat mean the made of, asthenia, etc. II mean	of dying, e. as the diseas	9. DUE TO, OR AS	A CONSEQUENCE OF:		0
	mplication which couse					
	ANTECEDENT CAUSE		1 Hyper	Ten		20 grace
DISEASES	ANTECEDENT CAUSE OR CONDITIONS, if	S	(B) / Je	A CONSEQUENCE OF:		20 grac
rise to t	OR CONDITIONS, if he obove cause (A	S any, givi	ho			20 year
rise to t	OR CONDITIONS, if he obove cause (A IG CONDITION last.	S any, givi				20 grac 1 med
rise to the UNDERLYTN	OR CONDITIONS, if he obove cause (A IG CONDITION last.	es any, givi) stating I	he (C) Uren	ni.		
rise to the UNDERLYTN	OR CONDITIONS, if he obove cause (A G CONDITION last. IFICANT CONDITIONS CONTITIONS CONTITUE CONTITIONS CONTITIONS CONTITIONS CONTITUE CONTITIONS CONTITUE CO	ony, givi) stating I ONTRIBUTIN THE TERMINA	he (c) Ures			
rise to the UNDERLYIN	OR CONDITIONS, if he obove cause (A G CONDITION last.	any, givi) stating I ONTRIBUTIN THE TERMINA	G Congett	nis - Heart 7	ail.	
I I I I I I I I I I I I I I I I I I I	OR CONDITIONS, if he obove cause (A IG CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, givi) stating I ONTRIBUTIN THE TERMINA	he (c) Ures	20A. AUTOPSY? (Yes a	ail.	
other sign to the disease or 19A. Date O	OR CONDITIONS, if he obove cause (A G CONDITION last. IFICANT CONDITIONS CONTIONS CONDITION GIVEN IN PARTIES TO CONDITION GIVEN GIV	ONTRIBUTIN THE TERMINA ART I (A). NOTION FO	G Congestion Which OPERATION	West 3	T No) 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
other Sign TO THE DEAD DISEASE OR 19A. DATE OF 19A. ACCID	OR CONDITIONS, if he obove cause (A IG CONDITION lost. IFICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION GIVEN IN P. OF OPERATION 98. COWAS PE	ONTRIBUTIN THE TERMINA ART I (A). PORFORMED	G Congeton R WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, steet, o	20A. AUTOPSY? (Yes a	T No) 20B. IF YES, WER IN CERTIFYING C	
other sign to the DEAD DISEASE OR 19A. DATE OF CONTRIED OR CONTRIED DEATH (not)	OR CONDITIONS, if he obove cause (A G CONDITION last. I IFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTIES OF PERATION 198. COWAS PERATION CAUSE OF fy medical examiner)	any, givi) stating I ONTRIBUTIN 1 THE TERMINA ART I (A). INDITION FO	G Congestion R WHICH OPERATION 218. PLACE OF INJURY (e.g., nome, form, foctory, street, oetc.)	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI ffice bldg., INJURY OCCU!	r No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
other SIGN TO THE DEA DISEASE OR 19A. DATE O 21A. ACCID OR CONTRIE	OR CONDITIONS, if he obove cause (A IG CONDITION lost. IFICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION GIVEN IN P. OF OPERATION 98. COWAS PE	any, givi) stating I ONTRIBUTIN THE TERMINA ART I (A). DIDITION FO EFFORMED	G Congestion R WHICH OPERATION 218. PLACE OF INJURY (e.g., nome, form, foctory, street, oetc.) 218. INJURY OCCURRED	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI industry occul	T No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
other sign to the Disease or 19A. Date of 19A. Date of 19A. Cold or Contried of Contried o	OR CONDITIONS, if he obove cause (A G CONDITION last. I IFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTIES OF PERATION 198. COWAS PERATION CAUSE OF fy medical examiner)	ONTRIBUTIN THE TERMINA ART I (A). ONDITION FO PRORMED (Haun)	G Congestion R WHICH OPERATION 218. PLACE OF INJURY (e.g., nome, form, foctory, street, oetc.) 218. INJURY OCCURRED	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI industry occul	r No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE DEAD DISEASE OR 19A. DATE OF 21A. ACCID OR CONTRIE DEATH (noti) 21D. TIME OF INJURY (APPROX.)	OR CONDITIONS, if he obove cause (A IG CONDITION last. IFICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION GIVEN IN PARTY OF OPERATION 198. COWAS PERTY WAS UNDERLYING CAUSE OF MEDICAL CAUSE O	ONTRIBUTIN THE TERMINA ART I (A). NOTION FO	G Congetto R WHICH OPERATION 21B. PLACE OF INJURY (e.g., 1 open) 21E. INJURY OCCURRED While At Not While At Work	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI ffice bidg., INJURY OCCUI	T No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
other sign to the Death (not)	OR CONDITIONS, if he obove cause (A IG CONDITION lost. IFICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION GIVEN IN 198. CO WAS PERMITTED TO CAUSE OF (y medical examiner) (Month) (Day) (Year y that (I) (this haspit	ONTRIBUTIN THE TERMINA ART I (A). DIDITION FO ERFORMED	G CONSTANT R WHICH OPERATION PIB. PLACE OF INJURY (e.g., inome, form, foctory, street, onto,) PIE. INJURY OCCURRED While At At Work d the deceased from	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI ffice bldg., INJURY OCCUI	r No) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE DEAD TO THE DEATH (notice) 21 A ACCID OR CONTRIED TO THE DEATH (notice) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (week)	OR CONDITIONS, if he obove cause (A IG CONDITION last. IFICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION GIVEN IN PARTY OF OPERATION 198. COWAS PERTY WAS UNDERLYING CAUSE OF Manth (Day) (Yearly that (1) (this haspite) lost sow the decession of the company o	ONTRIBUTIN THE TERMINA ART I (A). NOTION FO REFORMED oi) (Haur)	G Congetton R WHICH OPERATION 21B. PLACE OF INJURY (e.g., income, form, foctory, street, onetc.) 21E. INJURY OCCURRED While At Not White At Work d the deceased from	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI ffice bidg., INJURY OCCUI	r No) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
orise to the UNDERLYIN OTHER SIGN TO THE DEAD DISEASE OR 19A. DATE OF	OR CONDITIONS, if he obove cause (A IG CONDITION last. IFICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION GIVEN IN PARTY OF OPERATION 198. COWAS PERMY WAS UNDERLYING CAUSE OF fy medical examiner) (Manth) (Day) (Year of the course of the causes standard causes standa	ONTRIBUTIN THE TERMINA ART I (A). NOTION FO REFORMED oi) (Haur)	G CONSTANT R WHICH OPERATION PIB. PLACE OF INJURY (e.g., inome, form, foctory, street, onto,) PIE. INJURY OCCURRED While At At Work d the deceased from	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI ffice bidg., INJURY OCCUI	r No) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact location) A / 16 19 7 00 plnion death occurred on the control of the control o
OTHER SIGN TO THE DEAD TO THE DEATH (notified by the property of the property	OR CONDITIONS, if he obove cause (A IG CONDITION last. IFICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION GIVEN IN PARTY OF OPERATION 198. COWAS PERMY WAS UNDERLYING CAUSE OF fy medical examiner) (Manth) (Day) (Year of the course of the causes standard causes standa	ONTRIBUTIN THE TERMINA ART I (A). NOTION FO REFORMED oi) (Haur)	GAL CONGETON REWHICH OPERATION 21B. PLACE OF INJURY (e.g., income, form, foctory, street, onetc.) 21E. INJURY OCCURRED While At Not White At Work do the deceased from	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI ffice bldg., INJURY OCCUI	INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE DEATH (APPROX.) 22. I certif that (1) (we and hour a 23A. SIGNAT	OR CONDITIONS, if the obove cause (A IG CONDITION last. IFICANT CONDITIONS CONTROL OF CONDITION GIVEN IN PARTIES TO CONDITION GIVEN IN PARTIES TO CONDITION GIVEN IN PARTIES TO CAUSE OF The medical examiner of the couse of the	ONTRIBUTIN THE TERMINART I (A). NOTION FOERFORMED (Hour) (Hour) (A) (Hour) (A) (Hour) (A) (Hour) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	GAL Congette R WHICH OPERATION RIB. PLACE OF INJURY (e.g., nome, form, foctory, street, oetc.) RIE. INJURY OCCURRED While At Not White At Work d the deceased from . (I) (We) (did) (dId nat)	20 A. AUTOPSY? (Yes on no in ar about 21 C. WHERE DI ffice bidg., INJURY OCCUI	r No) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact location) A / 16 19 7 0 plnion death occurred on the control of
other SIGN TO THE DEAD DISEASE OR 19A. DATE OF 19A. DATE	OR CONDITIONS, if the obove cause (A IG CONDITION last. IFICANT CONDITIONS CONTROL OF CONDITION GIVEN IN PARTIES TO CONDITION GIVEN IN PARTIES TO CONDITION GIVEN IN PARTIES TO CAUSE OF The medical examiner of the couse of the	ONTRIBUTIN THE TERMINART I (A). NOTION FOERFORMED (Hour) (Hour) (A) (Hour) (A) (Hour) (A) (Hour) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	G CONGESTOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., nome, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At At Work d the deceased from . (I) (We) (did) (dld nat)	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI ffice bidg., INJURY OCCUI	INJURY OCCUR? 19 to d that in (my) (our) outh.	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact location) A // (19 7 U) Plnion death occurred on the course of t
other SIGN TO THE DEAT OF INJURY (APPROX.) 21. A CCID OF CONTRIE OF INJURY (APPROX.) 22. I certif that (1) (we and hour of 23A. SIGNAT NAME	OR CONDITIONS, if he obove cause (A IG CONDITION last. IFICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION GIVEN IN PAPER OF OPERATION 198. COWAS PERMITTED TO CONDITION GIVEN IN PAPER OF OPERATION (Manth) (Day) (Year of the course of the course of the causes of the cause of the cause of the causes of the cause	ONTRIBUTIN THE TERMINA ART I (A). NOTION FO REFORMED OI) attende sed clive o	G CONSTANT GENERAL CONSTANT OF REPLACE OF INJURY (e.g., inome, form, factory, street, onetc.) ORIE. INJURY OCCURRED While At Not White At Work d the deceased from	20 A. AUTOPSY? (Yes on no in ar about 21 C. WHERE DI ffice bldg., INJURY OCCUI	INJURY OCCUR? 19 to d that in (my) (our) o th.	E FINDINGS CONSIDERED AUSES OF DEATH? FOR City, give exact location) 2//6 19 7 0 Plnion death occurred on the company of th
other sign to the UNDERLYIN OTHER SIGN TO THE DEAD DISEASE OR 19A. DATE OF INJURY (APPROX.) 22. I certif that (1) (we and hour a 23A. SIGNAT 23C. PHYSIC NAME W, I	OR CONDITIONS, if the obove cause (A IG CONDITION Iast. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTIN THE TERMINART I (A). INDITION FORRED OI) attende sed clive or rated above	GL CONSTANT GR WHICH OPERATION 21B. PLACE OF INJURY (e.g., nome, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not White At Work d the deceased from (I) (We) (did) (dld nat) OEGREE M. D. DEGREE	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI ffice bldg., INJURY OCCUI	INDURY OCCUR? 19 to de thot in (my) (our) of the St. Baltim	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact localian) A / 16 19 7 0 Plnion death occurred on the company of
NO IT TO THE DEAD OF INJURY (APPROX.) 21A. SIGNAT that (1) (we and hour a 23A. SIGNAT NAME W, I	OR CONDITIONS, if the obove cause (A IG CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTIN THE TERMINART I (A). INDITION FORRED OI) attende sed clive or rated above	G CONGEST R WHICH OPERATION 21B. PLACE OF INJURY (e.g., nome, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not Whith At Work d the deceased from	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI ffice bldg., INJURY OCCUI	INJURY OCCUR? 19 to d that in (my) (our) o th. St. Baltim	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact location) 2 //6 19 7 0 plinion death occurred on the death occurred occurred on the death occurred oc
NO THER SIGN TO THE DEATH OF THE PROPERTY OF T	OR CONDITIONS, if the obove cause (A IG CONDITION lost. II IFICANT CONDITIONS CONTROL OF CONDITION GIVEN IN PARTICULAR OF CONDITION GIVEN IN PARTICULAR OF CAUSE OF CONTROL OF CAUSE O	ONTRIBUTIN THE TERMINA ART I (A). SINDITION FOERFORMED III (Hour) III (Hour)	GL CONSTITUTE R WHICH OPERATION 21B. PLACE OF INJURY (e.g., nome, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not Whith At Work d the deceased from	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI ffice bidg., INJURY OCCUI 21F. HOW DID 22F. HOW DID 23D. ADDRESS 14 E. Eager EMATORY 24 Cemetery	INDURY OCCUR? IN Shoff Phys. St. Baltim D. LOCATION Baltimore	e FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact location) 2//C 19 7 0 plnion death occurred on the d 238. DATE SIGNED 2//C/7 6 OPE Md. 21202 (City, town, or county) (State Md.
NO THER SIGN TO THE DEATH OF THE PROPERTY OF T	OR CONDITIONS, if the obove cause (A IG CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTIN THE TERMINA ART I (A). SINDITION FOERFORMED III (Hour) III (Hour)	GL CONSTRUCTION GR WHICH OPERATION PIB. PLACE OF INJURY (e.g., nome, form, foctory, street, onto, on	20A. AUTOPSY? (Yes on no in ar about 21C. WHERE DI ffice bidg., INJURY OCCUI 21F. HOW DID 23D. ADDRESS 14 E. Eager 24 25C. FUNERAL DIRECT	INDURY OCCUR? IN Shoff Phys. St. Baltim D. LOCATION Baltimore	pinion deoth occurred on the decity, town, ar caunty) Md. E FINDINGS CONSIDERED A //6 19 7 0 Pinion deoth occurred on the decity of the de



VS 150-REV, 1/1/68



C 1136	BALTIMORE CITY H	EALTH DEPARTMENT		70 1891
5-436 70 1891 C	CERTIFICAT	E OF DEATH	REG. NO.	
Type of Print) SHELTON, Randolpl	h L .	2/	NO HOUR OF DEATH	1030 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	A. STATE B. COU		stitution: residence befare admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)		Maryland CONTY OF TOWN Baltimore	D. INSI	IDE CITY LIMITS?
3.0		STREET AND NUMBER		YES 🔼 NO
The Johns Hopkins Hospital		9 S. Arlin	gton Avenu	e
Male Negro widowed	VER MARRIED X B	7/4/21	9. AGE (In years lost birthday) 48	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSIN		. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTR
one dring mast of working life, even if relired)	T	KICHMON	D VA	WSA
William Syszron	1	1. MOTHER'S MAIDEN NA	Campon	4
5. Was Deceased Ever in U. S. Armed Forces? 16. SO		1. INFORMANT	4-	ADDRESS
Yes, na ar unknawn) (If yes, give war ar dates af service) SE(-7602	Alineinin.	Butts 9.	S. ARLINGTON ST
	CAUSE OF DEATH		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		jocardial Info	arcton	4 days
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury ar camplication which caused death.)	HASC	VA		Min Years
ANTECEDENT CAUSES	1			11001
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A	CONSEQUENCE OF:		
ALL DESCRIPTION OF CONTRACT OF	(c)			
Z OTHER CIGALISIS AND CONTRIBUTIONS				
O THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OF CONDITION GIVEN IN PART 1 (A).	OPERATION	20 A. AUTOPSY? (Yes ar N	O 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED HASON & Brackycon		yes	IN CERIFIING CA	No No
U 2TA, ACCIDENT WAS UNDERLYING 21B, PLACE	OF INJURY (e.g., in , factory, street, affic	e bldg., INJURY OCCUR?	(If in Baltimar	re City, give exact lacation)
DEATH (notify medical examiner)				
OF IN JURY	RY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.) While At [Not White At Work			
22. I certify that (i) this haspital) attended the dec	eased from Z	111	1970 to 2	16 1970
tho (i) (we) lost sow the deceased alive on	2/16	19 70 and t	hat in (my) (our) opi	nion death occurred on the da
and hour and from the causes stated above (i) (Ve)	(did) (did nat) vie	w the body ofter death		
23A. SIGNATURE			. /	23B. DATE SIGNED
Land Russon	Attend	ling Med. Director	Staff Phys.	2/16/70
23C. PHYSICIAN'S NAME (Type) DANICE TO PIETSON	m.O. 23	Johns Hapki	n's Hospi	fal
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CREM		LOCATION (C	ity, town, ar caunty) (State)
Bremoval (Specify) 2/19/70 MT	Arburn	13.	Lunara	
25A. DATE REC'D BY HEALTH DEPT. 234 NAME OF REC	ISTRAR	25C. FUNERAL DIRECTO	IR n // /-	Sharemst
FER 1 17 1071 Pale E Valory 1889		marsans	Mysnys 63	2 Warning



VS 131-REV. 1/1/68

SHUT STEEL STORY 10011

1	35			BALTIMORE CITY	HEALTH DEPARTMENT		70 1893
4-0		,	70 189	3 CERTIFICA	TE OF DEATH	REG. NO.	70 1030
	and eath asec the Such	INAME OF DECEASED		LOCKE	מס י	ID HOUR OF DEATH	
	T 0 C	Type or Print)	THOMSEN S	AMUEL LOG	Kezeta FEBRU		970 1.28 P.M
	hospital ise of d (5) Dece ance on death.		MARYLAND, WHERE PRON		4. USUAL RESIDENCE (When	re deceased lived. Il in	stitution: residence before admission)
	se o (5) D ance deat		CATE AN	ENDED	MARYLAN		2711
		HOSPITAL OR AD	NOT IN HOSPITAL OR INS	2-20-70	C. CITY OR TOWN		DE CITY LIMITS?
	se; se; to	INSTITUTION			BALTIMORE	D. 11431	YES NO
	cau cau	44 UNION	MEMORIAL H	SPITAL	E. STREET AND NUMBER		
	A - T - A A				9 BLYTHEU	100D ROAS	D.
	but and add	SEX 6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months! Doys Hours Min.
	miming gu	MALE WE	HITE WIDOWE		08-25-86	lost birthday	Months Doys Hours Min.
	e de la serie			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lare		12. CITIZEN OF WHAT COUNTRY?
	de inde	done during most of working life RETIRED		NEER	MARYLAND		U.S.A.
	de de sit	3. FATHER'S NAME	LIVE		14. MOTHER'S MAIDEN NA	ME	
- 5 1	# \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	EDANCIC .	TORDAN TH		CLARA LO		
Z	dis	5. Was Deceased Ever in		1 6. SOCIAL	17. INFORMANT	CAG	ADDRESS
<	ind ind eat	Yes, no ar unknown) (II yes,	give war or dates of service	SECURITY NO.			Ω
R _T	ssiss th th d d d din fin	YES U	IWI		AKATHERINE T.	EDMUNOS	
IMPORT	da da	18.4/217	fun I	CAUSE OF DEATH	1		BETWEEN ONSET AND DEATH
¥	lso, of or uncorner		CONDITION DIRECTLY		D		
=	A P O E E		n the made at dying, e.	(A) IMMEDIATE CAU	SE Preus	ma	
	er. troining	heart failure, asthenia	a, etc. II means the diseas n which caused death.)		A CONSEQUENCE OF:		
Ö	a C a		DENT CAUSES	11	n +	0	disease
—	FFTODO	71111466	DEIVI GAODED	In Malland	and lan an al		
()	0 = 4 - 0 0	DISEASES OF CON	NOITIONS II ZNOITION	DUE TO OR AS	A CONSEQUENCE OF	computer c	a rease
EC	exar exar 3) A wh	rise to the obove	NDITIONS, if any, giving to cause (A) sloting to		A CONSEQUENCE OF:	Con Judge	a scare
IRECTOR	alexar; (3) A ian wh		e cause (A) sloting th		A CONSEQUENCE OF:		
DIREC	dical exarical exarrns; (3) A sician whas in renains are	rise to the obave	e cause (A) sloting t DITION last.	(c)	A CONSEQUENCE OF:		
10	medical exaredical exaredical exareburns; (3) A hysician who was in remains are	other stant but he obave	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF RELATED TO THE TERMINA	(c)	A CONSEQUENCE OF:		
10	medical examedical examedical examination (3) A physician whician whereas in recommens are	vise to the obove UNDERLYING CONE OTHER STGNIFICANT CO TO THE DEATH BUT N DISEASE OR CONDITIO	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF RELATED TO THE TERMINA ON GIVEN IN PART 1 (A). TION 198. CONDITION FO	(c)	A CONSEQUENCE OF:		
10	thief medical exar a medical exar Body burns; (3) A the physician whysician whysician we	vise to the obove UNDERLYING CONE OTHER STGNIFICANT CO TO THE DEATH BUT N DISEASE OR CONDITIO	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTING TO THE TERMINATION OF TH	(c)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED USES OF DEATH?
FUNERAL DIREC	e chief medical exar by a medical exar 2) Body burns; (3) A e the physician wh physician was in re ore the remains are	other significant of the Death But n. Disease or condition 19A. Date of Operation 21A. Accident was	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF RELATED TO THE TERMINA DIN GIVEN IN PART 1 (A). TION 19B. CONDITION FOWAS PERFORMED	(C)	NO or about 21C. WHERE DID	20B, IF YES, WERE IN CERTIFYING CAI	
10	the chief medical exaal by a medical exar; (2) Body burns; (3) A here the physician who physician we sefore the remains are	OTHER STGNIFICANT CONDITION OTHER STGNIFICAN	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF THE TERMINATION GIVEN IN PART 1 (A). TION 198. CONDITION FOWAS PERFORMED GUNDERLYING 2 CAUSE OF 12	(C)	NO or about 21C. WHERE DID	20B, IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
10	by the chief medical exapital by a medical exarre; (2) Body burns; (3) A where the physician who physician was in red before the remains are	NO THER SIGNIFICANT CONTROL OTHER SIGNIFICAN	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF RELATED TO THE TERMINA DISTRIBUTION OF PRESENT I (A). TION 198. CONDITION FOWAS PERFORMED GUNDERLYING 1 CAUSE OF 6 exominer)	G.L. R WHICH OPERATION 1B. PLACE OF INJURY (e.g., ir ome, form, lactory, street, offic.)	n or about 21 C. WHERE DID INJURY OCCUR?	20B. IF YES, WERE I IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
10	ed by the chief medical exanospital by a medical exanature; (2) Body burns; (3) A pt where the physician wh (6) No physician was in rened before the remains are	OTHER SIGNIFICANT CONTINUES OF CONTRIBUTING OF INJURY	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF THE TERMINATION GIVEN IN PART 1 (A). TION 198. CONDITION FOWAS PERFORMED GUNDERLYTING CAUSE OF C	C)	n or about 21C. WHERE DID injury occur?	20B. IF YES, WERE I IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
10	wed by the chief med hospital by a medinature; (2) Body bur- cept where the physician w d (6) No physician w ained before the rem	OTHER STGNIFICANT CONTINUED TO THE DEATH BUT IN DISEASE OR CONDITION 194. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical DEATH (notify medical OF INJURY (APPROX.)	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF THE TERMINATION GIVEN IN PART 1 (A). TION 198. CONDITION FOWAS PERFORMED GUNDERLYING 2 CAUSE OF 1 Examiner) 2 (Doy) (Year) (Hour) 2	C)	n or about 21C. WHERE DID injury occur?	(II In Boltimar	FINDINGS CONSIDERED USES OF DEATH?
10	proved by the chief med the hospital by a medi ny nature; (2) Body bur except where the phys and (6) No physician w	NO THER STGNIFICANT CONTROL OTHER STGNIFICAN	e cause (A) sloting the cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF THE TERMINA OF THE LATED TO THE TERMINA OF THE CONTRIBUTION OF THE CONTRIBUT	C)	nor about 21 C. WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location)
10	approved by the chief medion the hospital by a medion fany nature; (2) Body buril (except where the physician we obtained before the rem	NO THER STGNIFICANT CONTROL OTHER STGNIFICAN	e cause (A) sloting the cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF THE TERMINA OF THE LATED TO THE TERMINA OF THE CONTRIBUTION OF THE CONTRIBUT	C)	nor about 21 C. WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
10	approved by the chief med to the hospital by a medion any nature; (2) Body burial (except where the physician who obtained before the rem	OTHER STGNIFICANT CONTOURS OF CONTRIBUTING OF INJURY (APPROX.) Prise to the obove UNDERLYING CONTOURS OF CONTRIBUTING OF INJURY (APPROX.) 21. a. a.c. cident was or contributing of injury (APPROX.) 22. l certify that (1) that (1) (we) last so and haur and fram the contribution of the	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF THE TERMINATION GIVEN IN PART 1 (A). GUNDERLYING AS PERFORMED GUNDERLYING CONDITION FOR WAS PERFORMED GUNDERLYING CONDITION FOR CAUSE OF CA	C)	nor about 21 C. WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location)
10	t be approved by the chief med sed to the hospital by a medi- int of any nature; (2) Body bur- pital (except where the phys- eath); and (6) No physician w ust be obtained before the rem	OTHER STGNIFICANT CONTINUES TO THE DEATH BUT IN DISEASE OR CONDITION 1994. DATE OF OPERAT OR CONTRIBUTING DEATH (notify medical OF INJURY (APPROX.) 21. Lectify that (1) (we) last sa	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF THE TERMINATION GIVEN IN PART 1 (A). GUNDERLYING AS PERFORMED GUNDERLYING CONDITION FOR WAS PERFORMED GUNDERLYING CONDITION FOR CAUSE OF CA	C)	21F. HOW DID INJ	URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? e City, give exact lacation) FUG 7-1 19 70 nian death accurred an the date
10	leased to the hospital by a medicated to the hospital by a medicatent of any nature; (2) Body burning the physician west be obtained before the rem	OTHER STGNIFICANT CONTOURS OF CONTRIBUTING OF INJURY (APPROX.) Prise to the obove UNDERLYING CONTOURS OF CONTRIBUTING OF INJURY (APPROX.) 21. a. a.c. cident was or contributing of injury (APPROX.) 22. l certify that (1) that (1) (we) last so and haur and fram the contribution of the	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF THE TERMINATION GIVEN IN PART 1 (A). GUNDERLYING AS PERFORMED GUNDERLYING CONDITION FOR WAS PERFORMED GUNDERLYING CONDITION FOR CAUSE OF CA	C)	21F. HOW DID INJ	20B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH? e City, give exact lacation) FUG 7-4 16 12 70 , nian death accurred an the date
10	must be approved by the chief med eleased to the hospital by a mediccident of any nature; (2) Body burs hospital (except where the physto death); and (6) No physician wall must be obtained before the rem	OTHER STGNIFICANT CONTOUR TO THE DEATH BUT IN DISEASE OR CONDITION 19A. DATE OF OPERATOR OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so and haur and fram the 23A. SIGNATURE	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF THE TERMINATION GIVEN IN PART 1 (A). GUNDERLYING AS PERFORMED GUNDERLYING CONDITION FOR WAS PERFORMED GUNDERLYING CONDITION FOR CAUSE OF CA	C)	nor about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 22F. HOW DID I	20B. IF YES, WERE IN CERTIFYING CAI (II In Boltimar. URY OCCUR? 19 10 to Feb at In (my) (aur) opti	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) ruary 16th 1970, nian death accurred on the date 2/16/70
10	cate must be approved by the chief medicas released to the hospital by a medical accident of any nature; (2) Body burnat a hospital (except where the physicion to death); and (6) No physician w proval must be obtained before the rem	OTHER SIGNIFICANT CONDUCTION OF CONDUCTION OF INJURY (APPROX.) 21. A CCIDENT WAS OR CONTRIBUTING DEATH (notify medical of injury (APPROX.) 22. I certify that (1) that (1) (we) last sa and haur and fram the conduction of the co	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION OF THE TERMINATION GIVEN IN PART 1 (A). GUNDERLYING AS PERFORMED GUNDERLYING CONDITION FOR WAS PERFORMED GUNDERLYING CONDITION FOR CAUSE OF CA	C)	nor about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 22F. HOW DID I	URY OCCUR? 19 10 to Feb at In (my) (aur) opto	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) ruary 16th 1970, nian death accurred on the date 2/16/70
10	ificate must be approved by the chief med v was released to the hospital by a medion 1) An accident of any nature; (2) Body burny. A. at a hospital (except where the physician to death); and (6) No physician wapproval must be obtained before the rem	OTHER SIGNIFICANT CONDITION OF CONDITION OF CONDITION OF CONTRIBUTING OF CONTRIBUTING OF INJURY (APPROX.) 21. I certify that (1) that (1) (we) last so and haur and fram the condition of the co	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTION TO THE TERMINATION GIVEN IN PART 1 (A). GUNDERLYTING [1] CAUSE OF examiner) I) (Doy) (Year) (Hour) 2 I) (this haspital) attended by the deceased alive and the causes stated above.	C)	21F. HOW DID INJ 21F. H	URY OCCUR? 19 10 to Feb at In (my) (aur) opti	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) ruary 16th 1970, nian death accurred on the date 2/16/70
10	rtificate must be approved by the chief med dy was released to the hospital by a medion (1) An accident of any nature; (2) Body burn O.A. at a hospital (except where the physed prior to death); and (6) No physician we approval must be obtained before the rem	OTHER SIGNIFICANT CONDUCTION OF CONDUCTION OF CONDUCTION OF CONDUCTION OF CONTROL OF CON	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTING CONTRIBUTION (A)	C)	nor about 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJ 20 and the lew the bady after death. Med. Director Director Director MATORY 24D. L.	URY OCCUR? Shoff Phys. Caur) Ocation (Ci	FINDINGS CONSIDERED USES OF DEATH? e City, give exact lacation) FUG TY 1613 19 70, nian death accurred an the date 23B. DATE SIGNED 2/16/70 FUG TY 1613 19 70, nian death accurred an the date
10	certificate must be approved by the chief med body was released to the hospital by a medi vs: (1) An accident of any nature; (2) Body bur D.O.A. at a hospital (except where the phys iased prior to death); and (6) No physician w ten approval must be obtained before the rem	OTHER SIGNIFICANT CONDITION OF CONDITION OF CONDITION OF CONTRIBUTING OF CONTRIBUTING OF INJURY (APPROX.) 21. I certify that (1) that (1) (we) last so and haur and fram the condition of the co	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTING CONTRIBUTION (A) CONTRIBUTION (A) (A) CONTRIBUTION	C)	nor about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 22F. HOW DID I	20B. IF YES, WERE IN CERTIFYING CAI (II In Boltimar. URY OCCUR? 19 10 to Feb at In (my) (aur) option Shaff Phys. CATION (Ci	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) ruary 16th 1970, nian death accurred an the date 238. DATE SIGNED 2/16/70 fospital ty, town, or caunty) (State) Md.
10	certificate must be approved by the chief med tody was released to the hospital by a medius: (1) An accident of any nature; (2) Body burn D.O.A. at a hospital (except where the physased prior to death); and (6) No physician wen approval must be obtained before the rem	OTHER SIGNIFICANT COLUMN TO THE DEATH BUT N. DISEASE OR CONDITION 19A. DATE OF OPERATE OR CONTRIBUTING DEATH (notify medical OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so and haur and fram the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Cremated	e cause (A) sloting the DITION last. II CONDITIONS CONTRIBUTING CONTRIBUTION (A) CONTRIBUTION (A) (A) CONTRIBUTION	CO	nor about 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJ 20 and the lew the bady after death. Med. Director Director Director MATORY 24D. L.	20B. IF YES, WERE IN CERTIFYING CAI (II In Boltimar. URY OCCUR? 19 10 to Feb at In (my) (aur) option Shaff Phys. CATION (Ci	FINDINGS CONSIDERED USES OF DEATH? e City, give exact lacation) rug ry 16/12 19 70, nian death accurred an the date 23B. DATE SIGNED 2/16/70 19. TAL ty, town, or county) (State) ADDRESS Md. ADDRESS Rd.

DISTAL PERMERSE WATERTHE \$ BLYTHEWOLD 19-55-85 13 STIMUM 33845 MARY LAND だとアマルモカ Sayou Kamaa RATHERING F EDWARDS SILLE CO. CO. Producer war hatemarchishic readown when it rever 630 To Rebrus of TT 20 Rebryasy 1518; Milroary 16th

6.44

WHITE SHERWARD WINDS

	70	1894		HEALTH DEPARTMENT		70	1894
BIRTH NO.		1094	CERTIFICA	TE OF DEATH	REG. NO		
(Type or Print)	ary Kirby Wi	lliamso	n Chew		16,1970	1	x A
3. PLACE IN BA	ALTIMORE, MARYLAND, WH	ERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived If in	stitution: resid	ence before odmissi
FULL NAME O HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCATI	OR INSTITUTIO	N, GIVE STREET	Maryland C. CITY OR TOWN		2	714
INSTITUTION					D. INSI	DE CITY LIMIT	
00 4	202 Roland Av	ve.		Baltimore E. STREET AND NUMBER		YES X	ио 📗
					A . A . C . C . C . C . C . C . C . C .		
5. SEX	6. RACE 7.	At A nouse D		4202 Roland	9. AGE (in years		
F	W	WIDOWED	NEVER MARRIED DIVORCED	7-12-1880	last birthday)	Months Do	Ys. If Under 24 Hours Min.
done during most of	CUPATION (Give kind of work 10 of work 10 of working life, even if retired)	B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country!	12. CITIZEN	OF WHAT COUN
Housew	ife	Own Ho	me	Washington,	D.C.	USA	Ā
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NAM	ME		
Fred W	illiamson			Emma Duncan			
5. Was Decease	ed Ever to II S Armed Force	? 16.	SOCIAL	17. INFORMANT		Ar	DDRESS
NO	vn) (If yes, give wor or dotes		SECURITY NO. 16-07-237				
18. 4/- /		12			ew	Same	
	ASE OR CONDITION DIREC	CTLY	CAUSE OF DEAT	n			PPROXIMATE INTERVA
	LEADING TO DEATH		(A) IMMEDIATE CAL	selluperturing	rterio-schr	7:	16 Hear
(This does	not meen the made of dy	ying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	Course Man	yruc .	
injury or co	implication which caused de	e aisease, eath.)		Meart	disease.	1	
	ANTECEDENT CAUSES					- 1	
DISEASES	OR CONDITIONS, if any		(B)	A CONSEQUENCE OF:			
rise to t	he abave cause (A) st	oting The	DUE 10, OR AS	A CONSEQUENCE OF:			
UNDERLYIN	IG CONDITION lost	1177	(c)				******************
E ITO THE DEA	II IFICANT CONDITIONS CONTI ATH BUT NOT RELATED TO THE	TERMINAL					
C IDISEASE OR	CONDITION GIVEN IN PART 1 OF OPERATION 198 CONDIT	(A).					
19A. DATE O	WAS PERFOR	MED WHIC	CH OPERATION	NO	10 CERTIFYING CAU	SES OF DEA	NSIDERED TH?
OR CONTRIB	ENT WAS UNDERLYING	21 R. PLA	CE OF INJURY (e.g., in	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore	City, give ex	ocl (ocotion)
DEATH (notif	y medical examined	home, io	orm, foctory, street, of	fice bldg., INJURY OCCUR?	t. m sammer	-utt Bire evi	10 00 110/11)
D 21D. TIME	(Month) (Doyl (Year) (Hour 21E INJ	URY OCCURRED	21F. HOW DID INJU	URY OCCUR?		
OF INJURY		While A					
		Work	☐ At Work			6.6.0	
22. I certify	y that (1) (this hospital) a	ttended the d	eceosed from	- Welsters	9 54 10 161	Library	1970
that (I) (we	Tast saw the deceased o	live on	27 ebruary	and the second second	it in (my)_(our) opini		/
	nd from the causes stoted		/				
23A. SIGNAT	URE	0	() Jara 1101/ V	on the soul alter death.		23B, DATE SI	GNED
1	P. 71/9	1	Atte	nding Med.	Shoff [7]	1 - St	170
23C. PHYSICI	ANS	21	DEGREE	. Director -	Phys. 🗆	17/2	10
23C.PHYSICI	Type)	h		3D. ADDRESS	_		
	John W. Bar	naby	M.D BEGREE	1652 E. Belv	redere Ave	.,Balt	o.,Md.
4A. BURIAL CR	EMATION, 248. DATE (Specify)	24C. NAME	of CEMETERY OF CRE			fown, or co	
Burial	2-19-70	West	River_Ch	rist Church	West River	η Λ Λ	Co Ma
SA. DATE BEC'	BY HEALTH DEPT. 25	B. NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR	HODO ILTA		.Co. Md
		E Faile		H.W.Jenkins	& Song Co		
'S 150-REV. 1/1/		م اعدالا	4.760	Jiren On ourwritz)	c Sours co	• PRI	. vo . Ma.
3 13U-REV. 1/1/	/00						

F-460

70 1895

BALTIMORE CITY HEALTH DEPARTMENT

70	18
.70	TO

	1895 MEI	DICAL	. EX	AMINER'S			DEAT	H REG. NO.	70	18	95
BIRTH NC.			-								
1. NAME OF DEC	MARION		FU	LLER	2. DATE OF DEATH	Knawn X	Febru	lary 14,	1970	Hour	М.
4. PLACE IN BALL FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE, MARYLAND, 1 (IF NOT IN HOSPIT ADDRESS OR LOCA				3. DATE PRON	DUNCED DEAD	Manth Febru	Day lary 14,	Yeor 1970	5:00	Р. м.
OK INSTITUTION	LUTHERAN I	HOSPIT	CAL	(DOA)	A. STATE	RESIDENCE (Where Maryland	deceased liv	B. COUNTY	residence b	oelore odmis	ision)
6. SEX	7. RACE	8. MARRI	IED 🗌	NEVER MARRIED	C. CITY C	9		D. INSIDE CI	TY LIMITS?		
Female	Negro	WIDOW		DIVORCED		Baltimore			s 🛭		
9. DATE OF BIRTH		n years	If Und	er 1 Yr. il Under 24 Hrs. I Days Haurs Min.	E. STREET	AND NUMBER			:5 LA	ио Ц	
11 BIRTHPLACE IS	tote ar foreign country))	12 613	TIZEN OF	10 547115	2004 West	wood A	venue			
norfol	k Va		Wi	HAT COUNTRY?		Clar	ull	- 6/8	51		
done during mostor w	PATION (Give kind al work arking life, even if relired)	148. KIND	OF BU	JSINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN NAM	AE /	0.01			
		FORCES	2 1	7. SOCIAL	18. INFOR	MANT	19	nes	DRESS		
(Yes, na ar unknown)	D EVER IN U.S. ARMEI (II yes, give worker dates	of service))	SECURITY NO.	MB.	A Cardo A	(Se is		411-	10	60
19. // ->	J. CA.			CAUSE OF DEAT	H	scence o	1 25 d	004	LUOOT	PROXIMATE IN	TERVAL
73	/ 1			ones of pen	•					EEN ONSET A	
	E OR CONDITION DIRE EADING TO DEATH	CTLY				T					
(This does no	al mean the made of dy	Ing, e.g.,		(A) IMMEDIATE C		Intracereb	ral he	morrhage	3		
heart lailure,	osthenia, etc. It means the	disease.		DOE 10, OR A	J A CONSE	QUENCE OF:					
	TECEDENT CAUSES			(8)							
RISE TO THE	R CONDITIONS, IF AN' ABOVE CAUSE (A) STA	TING THE		DUE 10, OK	AS A CONS	EQUENCE OF:					
Z	G CONDITION LAST.			(c)		-					
E	11									-	
DISEASE OR	FICANT CONDITIONS CONTROL THE BUT NOT RELATED TO CONDITION GIVEN IN P.	THE TERMII	NAL					***************************************			
E 20A. DATE OF	OPERATION 208. COI	NDITION F	OR W	HICH OPERATION WA	S PERFOR	MED			21. AUTO	PSY? (Yes o	r No)
										Yes	
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	2 h	228. PL/ hame, fo	ACE OF INJURY (e.g., 1 arm, factory, street, allice	n or oboul bldg., etc.)	22C. WHERE DID (INJURY OCCUR?	If In Baltimor	e City, give exac	t locotian)		
2 22D. TIME (A	Manth) (Day) (Year) (Hour)) 22E.	INJURY OCCURRED		22F. HOW DID INJ	URY OCCU	R?			
OF INJURY (APPROX.)		ı	m. WHI	LE AT NOT AT WE	WHILE -						
I certi		nquiry [] (nspection Aut	opsy X	and that on th	ls basis,	deoth in my d	pinlon		
resulte	ed from: Notural cou	ses X	Acc	Ident Suicide	• 🗆 н	amicide 🔲 L	Indetermin	ed manner			
	000	D		1) . 0		CHIEF MEDICAL EX	KAMINER				
ACTUAL SIGNATU	RE Mast	8),	0	Falimo	ASS	ISTANT MEDICAL EX	AMINER .	Diam'r		DATE SIGN	IED
EXAMINE NAME (Ty	R'S Charles	S. S	priŕ	igate, M.D.	ASS	OCIATE MEDICAL EX			cuary :	15, 19	70
24A. BURIAL CREM REMOVAL (Specify	ATION. 248 DATE		249	NAME of CEMETERY	r CREMAT	ORY / 24D-1	OCATION	(City, Iown,	ar caunty)	(State	e) ,
19UL	1 2/19	1/70	1/1	A Striter 7	NP	16 10	かける	111	-	n	11
25A. DATE REC'D B	BY HEALTH DEPT.	258. NA	AME O	F REGISTRAR	11 4	FUNERAL DIRECTO	R	MAR	DRESS	- [1]	0
FEB	17 1970 2		-	Ber M.D.	7/	Brack	Y	220 1	// /	n (0	
VS 151-REV. 1/1/68	-1 210		selia			Nuitw	muy	40001	-62/	11 w	Ly W

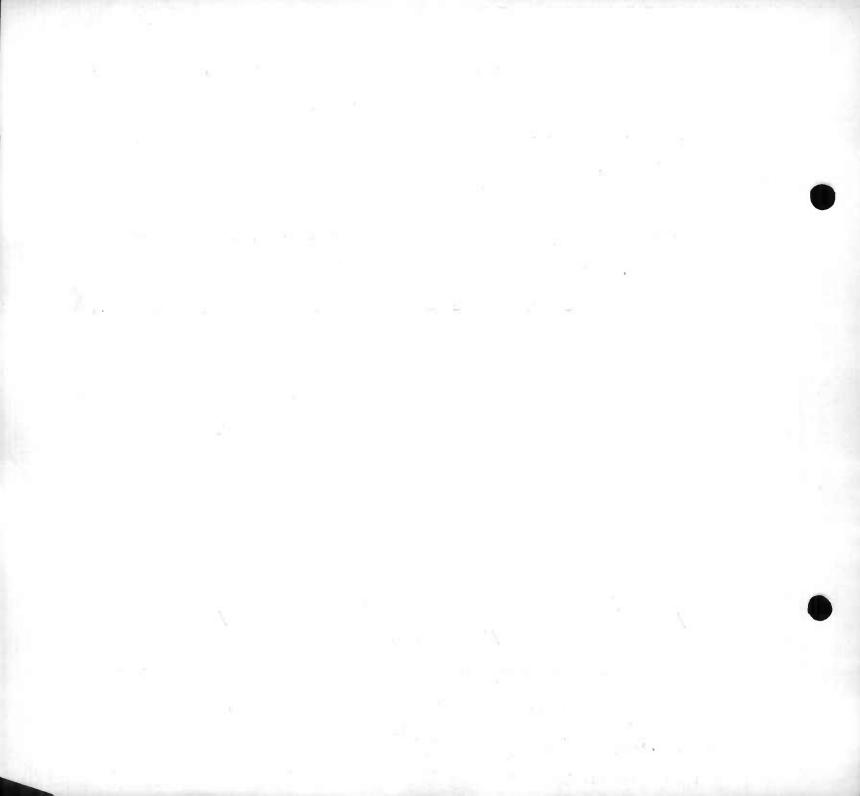
Talling Vacuum . 16.11 (表现 15.11) 1.1 (1.11) 1.1 (1.11) 1.1 (1.11) 1.1 (1.11) 1.1 (1.11) 1.1 (1.11) 1.1 (1.11) 1.1 (1.11) Dering 219 70 White Mile and Kell Elicery

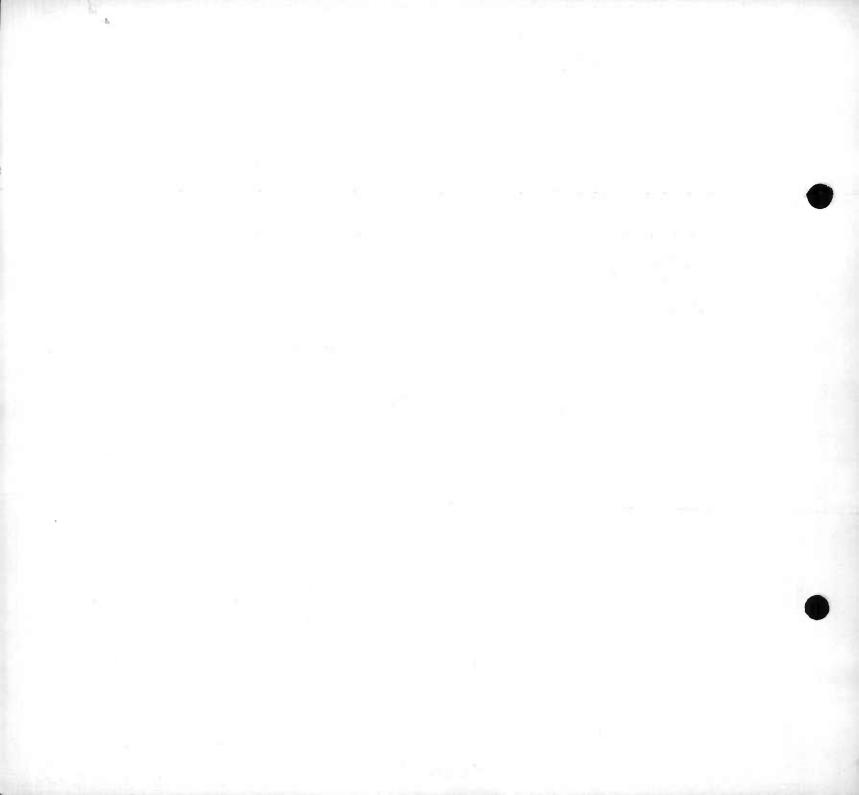
100 4000	BALTIMORE CITY HE	ALTH DEPARTMENT		
70 1896 MEDICAL	EXAMINER'S	CERTIFICATE OF D	EATH REG. NO	70 1896
BIRTH NC.			REG. NO.	2.000
I. NAME OF DECEASED (Type or Print)			Manth Day	Year Hnur
DOLETHA	HENDERSON	OF DEATH Estimated DFe	bruary 14, 19	970 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD		Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL ADDRESS OR LOCATION)	TITUTION, GIVE STREET	PRONOUNCED DEAD	February 14,	1970 1:25 A
OR INSTITUTION		5. USUAL RESIDENCE (Where de		
2968 Cherryland Rd.		A. STATE Maryland	B. COUNTY	2510
	0 . 0	C. CITY OR TOWN	D INCIDE CIT	0000
MAKK	IED NEVER MARRIED		D. INSIDE CIT	T LIMITS?
O MIDON		Baltimore	YE	s NO
9. DATE OF BIRTH 10. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
2-13-14 56		2968 Cherryland	Rd.	
11. BIRTHPLACE (State or foreign cauntry)	12. CITIZEN OF	13. FATHER'S NAME	1	
NEWBERN. N.C.	WHAT COUNTRY?	HENRY HE	No BOLSON	
14A.USUAL OCCUPATION (Give kind of wark 14B. KIND	OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME		
done during most of working life, even il relired)		01. B	1.	
16. WAS DECEASED EVER IN U.S. ARMED FORCES	7 17. SOCIAL	Hda Dade	40	DDRESS
(Yes, no or unknown) (Il yes, give wor or dotes of service)	SECURITY NO.	1 de la contraction de la cont		
NO		MAS CALLIERINE	HAll 29	10 CHIERRYLAND ON
19. 18 OX 1	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	/ANMEDIATE	AUSE Carcinoma of c	ervix	
(This does not mean the mode of dying, e.g., heart foliure, asthenia, etc. it means the disease,	DUE TO, OR	AS A CONSEQUENCE OF:		
injury or complication which coused death.)				
ANITECEDENT CALICEC				
DISEASES OR CONDITIONS, IF ANY, GIVING	(B) DUE TO, OR	AS A CONSEQUENCE OF:	·	
RISE TO THE ABOVE CAUSE (A) STATING THE				
UNDERLYING CONDITION LAST.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
DISEASE OR CONDITION GIVEN IN PART 1 (A).				
20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
				No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Dox) (Year) (House)	22B. PLACE OF INJURY (e.g.,	In or obout 22C. WHERE DID (If I	n Boltimore City, give exac	t lacation)
UNDERLYING OR CONTRIB-	home, lorm, loclory, street, affic	e bidg., etc.) INJURY OCCUR?		
UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJU	DV OCCIDA	
OF INJURY	WHILE AT - NOT	WHILE -	KI OCCOKI	
		ORK L		
23.				
I certify that I held on Inquiry	the state of the s		basis, deoth in my c	pinlon
resulted from: Natural causes 🗓	Accident Sulcid	le Homicide Un	determined manner	
001	1)	CHIEF MEDICAL EXA	MINER _	
ACTUAL (Lands)	all m	ASSISTANT MEDICAL EXA	MINER X	DATE SIGNED
SIGNATURE EXAMINER'S	M.C	ASSOCIATE MEDICAL EXA	MINIER	2-14-70
NAME (Type) Charles S. Sp	ringate, M.D.	AJJOCIATE MEDICAL EXA	MILITER	
24A, BURIAL CREMATION, 124B, DATE	24C. NAME of CEMETERY	or CREMATORY 24D, LO	CATION (City, town,	or county) (State)
REMOVAL (Specify)	$II - \Delta I$	O F		1 1
BURIAL 2/17/10	MT. HUBUR		LIMORES MY	7R4LAND
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	AD	DDRESS
FEB 17 1970 Ruber E. 3	aubey, M.D.	Charles R.	LAW 800	Madien All
VS 151-REV. 1/1/68			24 000	MAGIZUN ME
		1 60 40		

VS 151-REV. 1/1/68

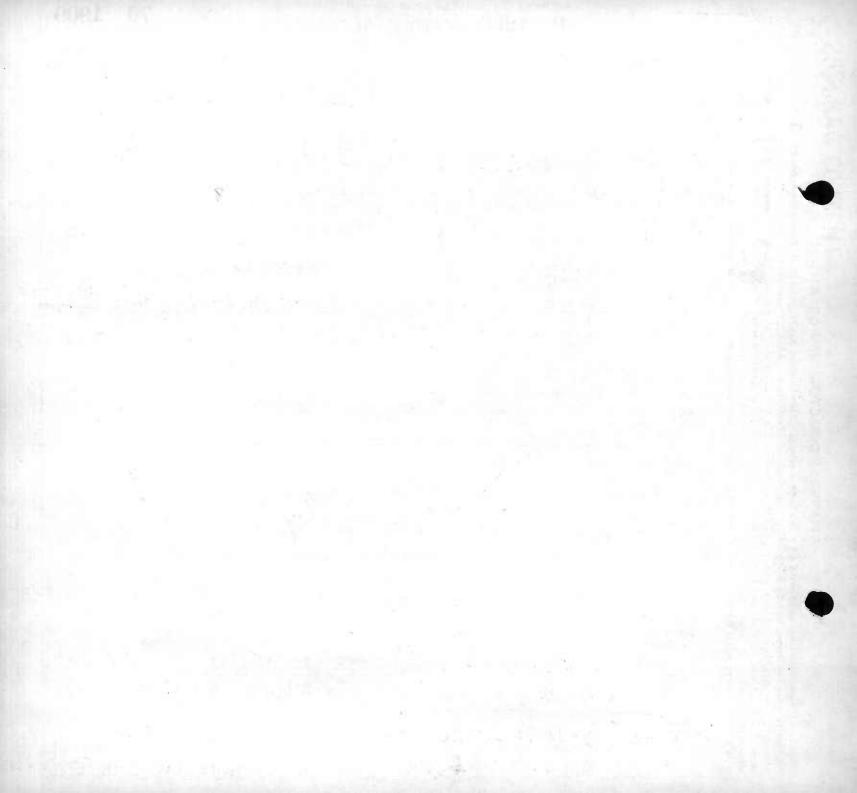
70 1897. MEDICAL EXAMINER'S C		70 1897.
I. NAME OF DECEASED (Type or Print) ELLIS HALL	2. DATE Known Month Day OF DEATH Estimoled	Year Hnur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 2 15	70 12:30 P.M.
00	5. USUAL RESIDENCE (Where deceased lived, If Institution A. STATE B. COUNTY	residence before admission)
625 N. Paca St. 3rd floor	Md.	1701
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male Negro WIDOWED DIVORCED	Balto. YE	s 🗵 NO 🗌
I net highday Months, Days, House, Min	E. STREET AND NUMBER	
July 28, 1911 59, 58	625 N. Paca St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Newbern, N. C. WHAT COUNTRY?	Ellis Hall	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	115. MOTHER'S MAIDEN NAME	
done during most of working life, even If retired) Laborer	Laure King	
A WAS DECEASED EVER IN U.S. ARMED EORCES? 117 SOCIAL		DDECE
Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO.		DRESS
	Catherine Hall - 2910 Cherr	
19.419 91 CAUSE OF DEAT	rH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hypertensive	cardiovascular disease	
LEADING TO DEATH (A)IMMEDIATE C		
	S A CONSEQUENCE OF:	
Injury or complication which coused death.)		
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
9		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
		211 110101311 (11111111111111111111111111
22A. EXTERNAL CAUSE WAS [228, PLACE OF INJURY(e.g.,	A 22C WILEDE DID W. C. III	no
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (If In Boltimore City, give execution) bldg., etc.) INJURY OCCUR?	t location)
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE	
23.	ORK L.	
I certify that I held on Inquiry Inspection X Aut	opsy ond that on this basis, death in my	tt
resulted from: Natural causes X Accident Suicide		J
ACTUAL A M	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Russell S. Fisher, M.D.		2-16-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, Iown,	or county) (State)
Burial 2-17-70 Mt. Auburn	Baltimore, Mar	vland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DRESS
FFR 1 7 1070 P.A. & E. Jelle N.D.		
LED T (1910 gooden of transfer	Charles R. Law 802 Madis	MI AVE.

_ 192 L & L M7 margia . tra





BIR	TH NO.		70 1	1900	CER	TIFICA	TEC	F DEA	TH	REG	. NO	70	190	0
1. N (Typ	PIET ZE	A SED	Anna						ATE AN	D HOUR OF	DEATH	1	1.45	A
	PLACE IN BALTI	MORE MARY	LAND, WHER	E PRONOU	INCED DEA	D	4. USUA	AL RESIDENC	/ /	e deceosed	lived. If in	stitution: res	idence befa	e odmission)
HO	LL NAME OF SPITAL OR SPITA	ADDRESS	N HOSPITAL OR LOCATIO	OR INSTITU	4.0	STREET	C. CITY	1111	MBER	NRO	D. INSI	YES X	NO[03
5. 5		6. RACE			NEVER M	ARRIED	B. DATE	OF BIRTH		9. AGE (In y	eors	If Under_	1 Yr. , Jf U	nder 24 Hrs.
FE	Emale	W		IDOWED [ORCED	1-23	-80		lost birthdoy)		Months E	Doys Hour	s Min.
	USUAL OCCU			, KIND OF	BUSINESS C	R INDUSTRY	11. BiRTI	HPLACE (Stote	e or forei	gn country)		12. CITIZE	N OF WHA	T COUNTRY
	OUSEW						GE	Rmar	74			Ne	1.50	
13.	FATHER'S NAM	E					14. MO1	HER'S MAID	DEN NAM	ΛE				
	ASCI		BACK	,				WAL	LIVE	NW				
S. Yes	Was Deceased s, no or unknown)	Ever in U. S. A	Armod Forces? For or dotes of	service)	1 6. SOCIAL SECURIT	Y NO.	17. INFO	RMANT		,	1		ADDRESS	Zona
	No	No	Ne.		1	9-4085 E OF DEAT		FRANK	DI	etze	1	3017	Any	INTERVAL
z	(This does no heart failure, or injury or comp A DISEASES OF rise to the UNDERLYING	osthenio, etc. blicotion whic NTECEDENT R CONDITIO obove con CONDITION	mode of dyi II meons the h coused dec CAUSES DNS, if ony, use (A) sto	diseose, oth.) , giving oting the	(A) [M Di	MEDIATE CAL JE TO, OR AS	A CONS	QUENCE OF:	:				Jevena	(4 60%)
ICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	DUT NOT REL	ATED TO THE TO THE TO THE TO THE TOTAL TO TH	ERMINAL (A).	VHICH OPER	ATION	20 A.	AUTOPSY? (Ye	es or No		S, WERE	FINDINGS (CONSIDERE	D
ERTIFIC	0		WAS PERFOR					No				USES OF DI		
CALC	OR CONTRIBUTE	TING 🗌 CAUS	EOF	hometc.)	e, form, foct	NJURY (e.g., i ory, street, o	n or obout	21C. WHERE	CU R?	(11)	In Bollimor	o City, givo	exoct locotic	in)
EDI	21 D. TIME OF INJURY	(Month) (Do)	(Yeor) (H		INJURY OC			21 F. HOW [INI DID	URY OCCU	₹?	5-7-11		
S	(APPROX.)			Whi	k At	Not While At Work					,	- 1		170
	22. I certify that (I) (we)	last saw the	deceased a	live an	Feb	.16		20 bady after	and the	at in (myc)		nian death	accurred	an the da
	23A. SIGNATUR 23C. PHYSICIAN NAME (Ty	M.	Finn. M. S	meis	nen Mi	DEGREE Phy	ending [3]	Med. Directo	rts	Staff Phys. D	1 Ba	23B. DATE 2/	SIGNED 17/	20
244	BURIAL GREN	TATION, 248.	DATE	24C. NA	ME of CEM	DEGREE ETERY OF CR	MATORY		24D L	OCATION	(Ci	ity, town, or	county)	(Stote)
E	URIAL	75	-20-28	0 40	UDON	1 PK			16	ALRO	,	mp.		
25 A	DATE REC'D	BY HEALTH D	EPT. 258	NAAAE O	E DECISTRAL		25C.	FUNERAL DI	RECTOR	. (T.		ADDRES	
	FEE	3 1 7 197	U Make	BE. 4	aber !	44	. 4	EQ.Lo	76	HWAR	+NO	-210	PITCE	O'KAV
VS	150-REV. 1/1/6		1	3 1	100		U	UV	(1)					



nic, Rolling to the second 7.7.65. -- Days in the State of the control and aromed in Mil. address of nonrolling

MORTON & DYETT F.H.

1701 Laurens Street

782

VS 151-REV, 1/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

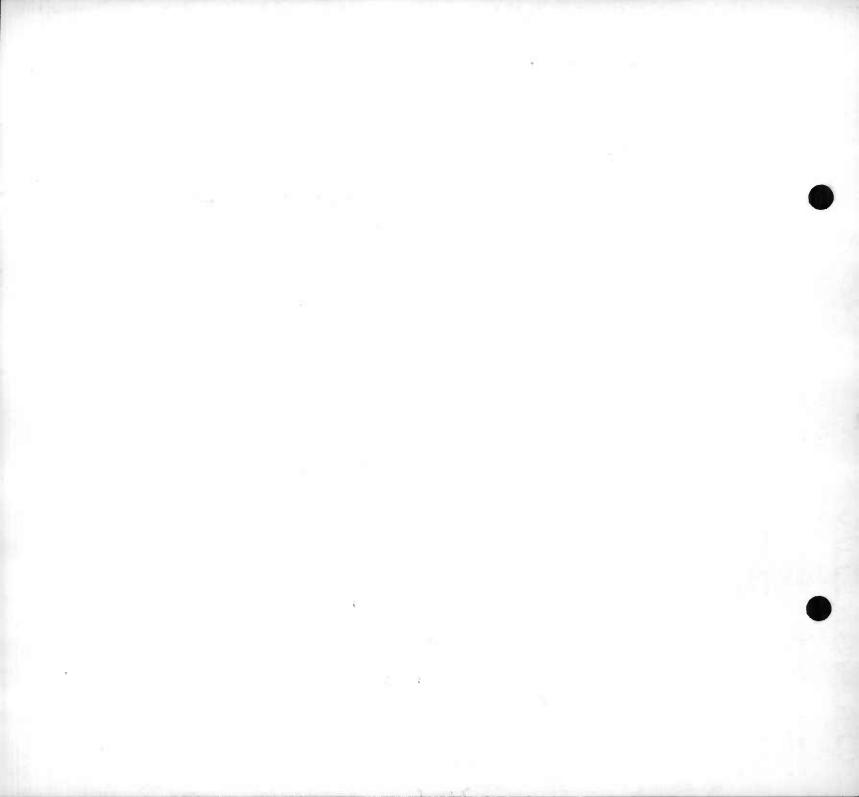
	R-15	2 70	1002	BALTIMORE CITY	HEALTH DEPARTMENT		1210	
Bi	RTH NO.	2 10	1903	CERTIFICA	TE OF DEATH	REG. NO	70	1903
1.	NAME OF DEC	EASED				AND HOUR OF DEATH		
		MARY ROBINS				2/14/20	1	12:05 AM
3.	PLACE IN BAL	TIMORE, MARYLAND, W	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived. It is	nstitution: lesic	dence before odmission)
FU	JLL NAME OF	UF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	A. STATE B. CO.		1	416
İN	STITUTION				C. CITY OR TOWN	D. INS	IDE CITY LIMI	TS?
6	00 4	44 fall	Im.	01 601	Baltimore		YES X	NO 🗌
	76	17 pace	1/60	4 76.	E. STREET AND NUMBER			
5.	SEX	6. RACE	7. MADDIED	Neven Hannes 🗆	4644 Pall	Mall Road	1 10 10 1	V
	Female	Negrid	WIDOWED	NEVER MARRIED DIVORCED	2/19/1901	lost birthdoy) 68	Months Do	Yr. if Under 24 Hrs. bys Hours Min.
10/	LUSUAL OCCU	PATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	oteion country)	112 CITIZEN	OF WHAT COUNTRY
dor	e ouring most of v	vorking life, even if refired)						
13.	FATHER'S NAM	ired AE			Edgefield,	S. Carolina	U.	S. A.
		Unk.				AME		
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	Unk.			
(Ye	s, no or unknown) NO	lif yes, give wor or dote	s of service)	SECURITY NO.	17- INFORMANT			DDRESS
	18. 7/5				Mrs. Annie Ma	e Hall 464	14 Pall	Mall Road
	1	3.71		CAUSE OF DEAT	,		8ET	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIS LEADING TO DEATH	RECTLY		Recurrent Car	elad Thon	1.5	- /
	(This does no	of meon the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:			LUR
	injury or com	asthenio, etc. Il meons plication which coused	deoth.)					
	A	NTECEDENT CAUSES		L'are	had art	ischosi	1	1
	DISEASES O	R CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	useu-on		7
	TISE TO THE	above couse (A)	stoting the	(c)				
	-	II.		(0)				
NO	OTHER SIGNIFIC	CANTCONDITIONS COL	NTRIBUTING					
AT	DISEASE OR CO	BUT NOT RELATED TO THE	[] [A].	***************************************	***************************************			
CERTIFICATION	19A. DATE OF	OPERATION 198 CONI	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes or h	No. 208, IF YES, WERE I	INDINGS CO	NSIDERED
CER	21A. ACCIDEN	T WAS HINDERLYING	1 210	NACE OF INTERNAL	No			
	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	home	e, form, foctory, street, of	or obout 21 C. WHERE DID	(If In Bollimore	City, give ex	oct locotion)
2								
MEDICAL	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED Not White	21F. HOW DID IN	JURY OCCUR?		
	(APPROX.)		Worl	At Work				
		hat (I) (this hospital)			luge 30	19 68 to 2	el- 1	4 19 70
	•	ast saw the decease		Stel 11		hot In (my) (our) opin	lon death o	
	and hour and	from the couses state	ed above. (1)	(We) (did) (did not) vi	ew the body after death.			
	23A. SIGNATUR	E					238 DATE SI	GNED
	Role	of J. D.	and,	Degree Phys.	iding Med.	Staff Phys.	2/1	6/20
	23C. PHYSICIAN NAME (Typ	rs pel		2	3D. ADDRESS	```		
	ROLI	AND T. S.	MOOT	M.D DEGREE	2300 Dan	man Be	vol.	21216
24A	REMOVAL (Sp	ATION, 248. DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	ye fown, or co	unty) (Stote)
	Burial	2-19-70	Mt.	Olive Bapt. C	h. Cem.	Greenwood,		Carolina
25A	DATE REC'D	THEALTH DEPT.	258 NAME O	E BEGISTRAR	25C. FUNERAL DIRECTO	R		ADDRESS
1	FR 1 7 13	3/U . Bell E.	Jawes.	KO,	MORTON & DYE	TT F.H. 170	Laure	ns Street
15 1	50-REV. 1/1/68							

Such

F-46	2 70	1904 CERTIFICA			REG. NO	70	1904	<u>t</u>
BIRTH NO. 1. NAME OF DE (Type or Print)	CEASED FLOWERS, Jam				D HOUR OF DEATH	1	10.1.74	Μ.
3. PLACE IN BA		HERE PRONOUNCED DEAD	4. USUAL RESI	DENCE (Where	e deceased lived. If	institution: res	sidenco before	odmission)
FULL NAME O HOSPITAL OR INSTITUTION		AL OR INSTITUTION, GIVE STREET	Marylan c. city or tov	d		SIDE CITY LIN	140 MITS?	3
23	3900 Loch Rave		Baltimo E. STREET AND	NUMBER		YES T	NO [
	Baltimore, Mar		5555 D		ill Avenue			
Male	6. RACE Negro	7. MARRIED X NEVER MARRIED DIVORCED DIVORCED	5/26/08		61	If Under Months	Doys Haurs	
done during most o	of working life, even if retired)	Grocery store					EN OF WHAT	COUNTRY?
Self et	AWE	Owner	Scottsv 14. MOTHER'S	MAIDEN NAN	A.	USA		
Samuel	Flowers		Manar Co	++moll				
S. Was Deceos	ed Ever in U. S. Armed For		Mary Co		Records Re	conde	ADDRESS	
Yes, no or unknow	12/27/43	- 8/29/11 SECURITY NO.	3900	Loch R	aven Blvd.	, Balto	. Md 2	21218
OTHER SIGN TO THE DE DISEASE OR 1994. DATE OF 1994. DATE OF 1994. ACCID OR CONTRI	ASE OR CONDITION DIFFERENCE OR CONDITIONS, if the obove couse (A) of CONDITION lost. ING CONDITIONS, if the obove couse (A) of CONDITION lost. ING CONDITION lost. ING CONDITION STATE OF OPERATION 198. CONDITION GIVEN IN PART OF OPERATION 198. CONDITION GIVEN IN THE OPERATION 1998. CONDITION GIVEN IN THE OPERATION GIVEN GIVEN IN THE OPERATION GIVEN	dying, e.g., the disease, deoth.) Only, giving sloling like NTRIBUTING HE TERMINAL I I (A). DITION FOR WHICH OPERATION (A).IMMEDIATE CAI DUE TO, OR AS PERICARD (B)	20A. AUTOPS 20A. AUTOPS 20A. AUTOPS YES in or obout 21C, W ffice bldg., INJUR.	IAC THE	20B, IF YES, WERI IN CERTIFYING C YES	FINDINGS AUSES OF D		AND DEATH
ond hour a 23A. SIGNA 23C. PHYSIC NAME	e) lost saw the deceose and from the couses state of the couse of the couses state of the couse of the c	RANDIS, MD DEGREE 24C. NAME OF CEMETERY OF CR	th 19 70 view the body of the	ond the offer deoth. Aed. irector 3900 Let Baltime	Stoff (Phys. K) och Raven I	23B, DATI 2-1 Bouleva	5-70 urd (18	(Stote)
	2/17/7 D BY HEALTH DEPT.	Carver Mem. Par		AL DIRECTOR	aurel, Mary ÆTT FUNERA		ADDRESS S 1701	Laur

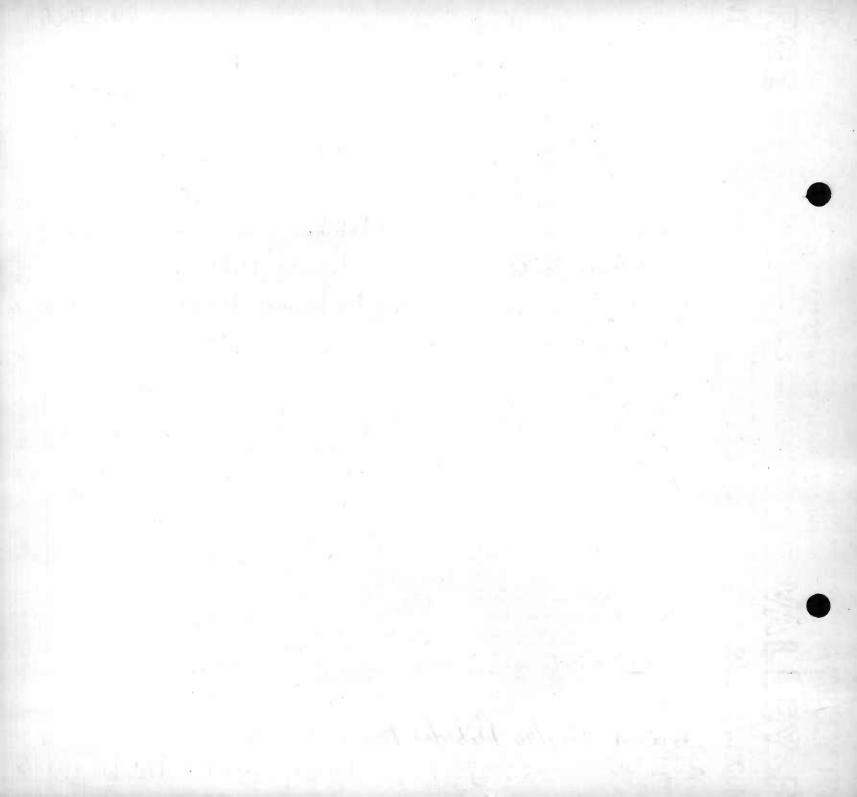
Ath book of hos

. 7 77

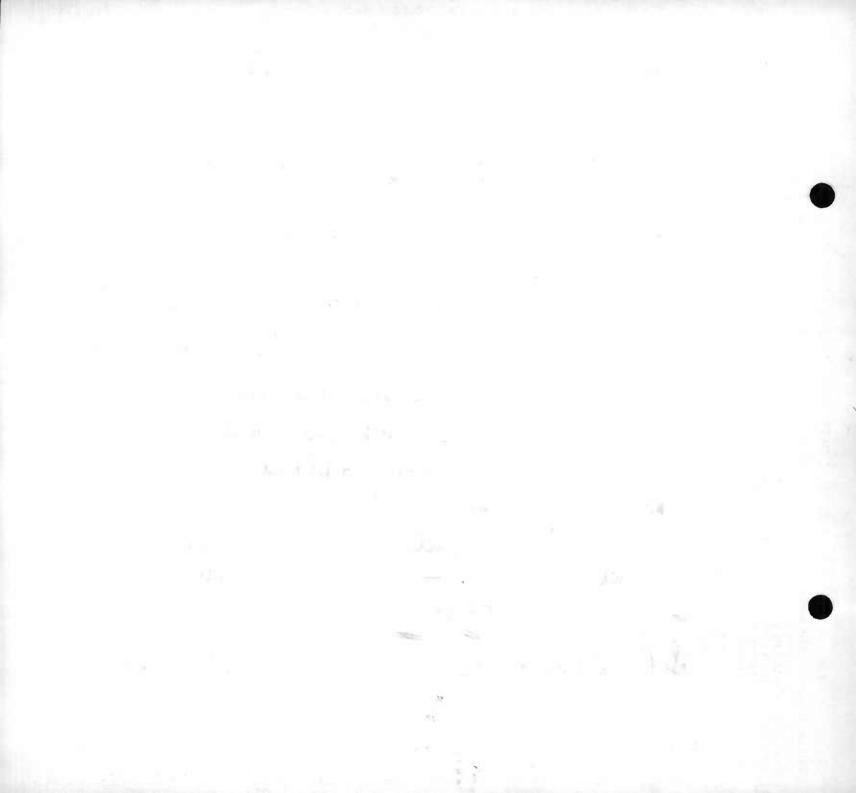


IMPORTANT

FUNERAL DIRECTOR:



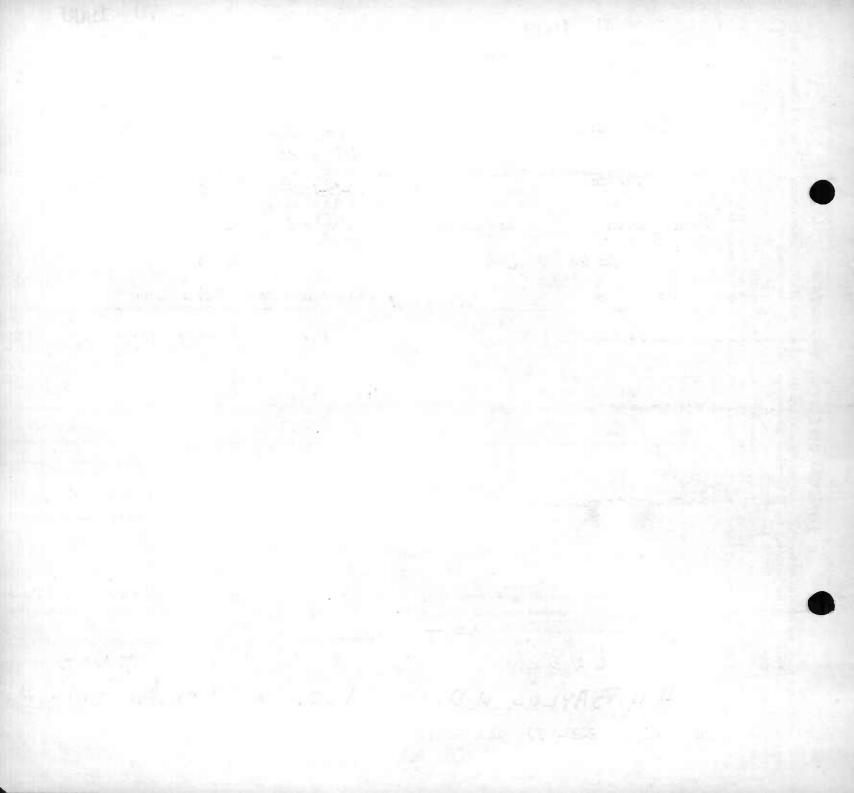
-	T-520		BALTIMORE CITY	HEALTH DEPARTMEN	Т	70 1907
PID	TH NO.	70 190	CERTIFICA	TE OF DEATH	REG. NO	-001
	AME OF DECEASED	. 5 1.00			E AND HOUR OF DEATH	
	be or Print)	m A.	THOMAS			
3.	PLACE IN BALTIMORE MARYL	AND, WHERE PRONO		4. USUAL RESIDENCE (2/13/70 Where deceased lived, If	institution: residence before admission)
				A. STATE B. C.	ОПИЦ	1501
HO	LL NAME OF (IF NOT IN SPITAL OR ADDRESS (STITUTION	HOSPITAL OR INSTIT	UTION, GIVE STREET	Md.		1000
INS	TITUTION	/		C. CITY OR TOWN		SIDE CITY LIMITS?
13	7m	1/		E. STREET AND NUMBE	imore	YES X NO
1	1110R0	1 MA	2 4. 100			
5. S	EX 6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye , Il Under 24 Hrs.
	Male Neg		DIVORCED	1/26/47	last birthdoy) 23	Months Doys Hours Min.
10Å.	USUAL OCCUPATION (Give kin	nd of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE IStote or	foreign country!	12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even i	f retired)				
13.	Ynerplaxed			Baltimore 14. MOTHER'S MAIDEN	Md.	U.S.A.
	THE STATE			MOTHER'S MAIDEN	NAME	
	William Was Deceased Ever in U. S. A.	E. Thomas		Rebecca	C. Wilson	
15. \ (Yes	Nas Deceased Ever in U.S.A: .no or unknown) III yes, give wo	rmed Forces? or or dates of service)	SECURITY NO.	17. INFORMANT		P. O. BOX 1031
١.	No.		212-48-2506	William E.	Thomas 1718 L	ongwood St.
	18. 1 4-3. 1		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDIT	ION DIRECTLY		0 11	0	BETWEEN ONSET AND DEATH
	LEADING TO		(A) IMMEDIATE CAU	se lerminal st	all of Cancer	- 4 months
	(This does not meen the meen failure, asthenia, etc. It	nade at dying, e.g.,		CONSEQUENCE OF:	6 7/	
	injury or camplication which	caused death.)		00		
	ANTECEDENT C	AUSES	Squa	mais cell Ca. of	Colon	Ì
	DISEASES OR CONDITION	IS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1 1	
	rise to the above caus	e (A) sloting the		the lung in	netastasis?	
	UNDERLYING CONDITION	lost	(c)	The stone of	70010001000	
z	OTHER SIGNIFICANT CONDITIO	NE CONTRIBUTIONS and	0. 00	11.21.1.	-1	
임	OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROP	TED TO THE TERMINAL	Chieralle	1 debitetale	a	
2	DISEASE OR CONDITION GIVEN	N IN PART 1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes o	Noll 208 IF YES WESE	FINDINGS CONSIDERED
CERTIFICATION	O NO W	AS PERFORMED		10	IN CERTIFYING CA	AUSES OF DEATH?
ü	21 A. ACCIDENT WAS UNDER	LYING 218.	PLACE OF INJURY leige, in	or obout 21 C. WHERE DI	D (II In Boltimo	ore City, give exoct location)
< 1	DEATH (notily medical examine	or hom	e, farm, tociory,/street, of	ice pide INJURY OCCUI	11.10	
2			INJURY OCCURRED	2) E HOW DID	INJURY OCCUR?	
5 1	OF INJURY (APPROX)		le At Not While		Made occor	
		Wor	k			
	22. I certify that (1) (this h				19to	19
	that (H) (we) last saw the d	leceased alive an F	eb 13,	1990 and	that in (my) (our) ap	Inlan death accurred on the date
	and haur and from the caus	es stated above. (1	(did) (did vident) vi	ew the bady after dea	th.	
	23A. SIGNATURE					238, DATE SIGNED
	Sutin D.	rislumnia	III Dhun	ding Med.	Stoff Phys.	2-13-70
	23C.PHYSICIAN'S NAME ITypel			3D. ADDRESS	rays, and	
	NAMETTypel					
24A	BURIAL CREMATION, 248. D	ATE 124C NA	ME of CEMETERY OF CRE	MATORY) LOCATION 15	96. 6
	REMOVAL (Specify)	270.117	aria of Gritterent of CKE	241	LOCATION IC	ity, town, or county! (Stote)
Bi	rial 2/	18/70 /	rhutus Mem Pk	/	Rolto Co	Md.
25A.	DATE REC'D BY HEALTH-DE	258 HAME O	E BEGISTHAR THE	25C. FUNERAL DIREC		ADDRESS
	D 1 / 13/0 1496	O C. MRIDEY	2000	MORTON & D	YETT 1701 La	urens St.



FUNERAL DIRECTOR: IMPORTANT

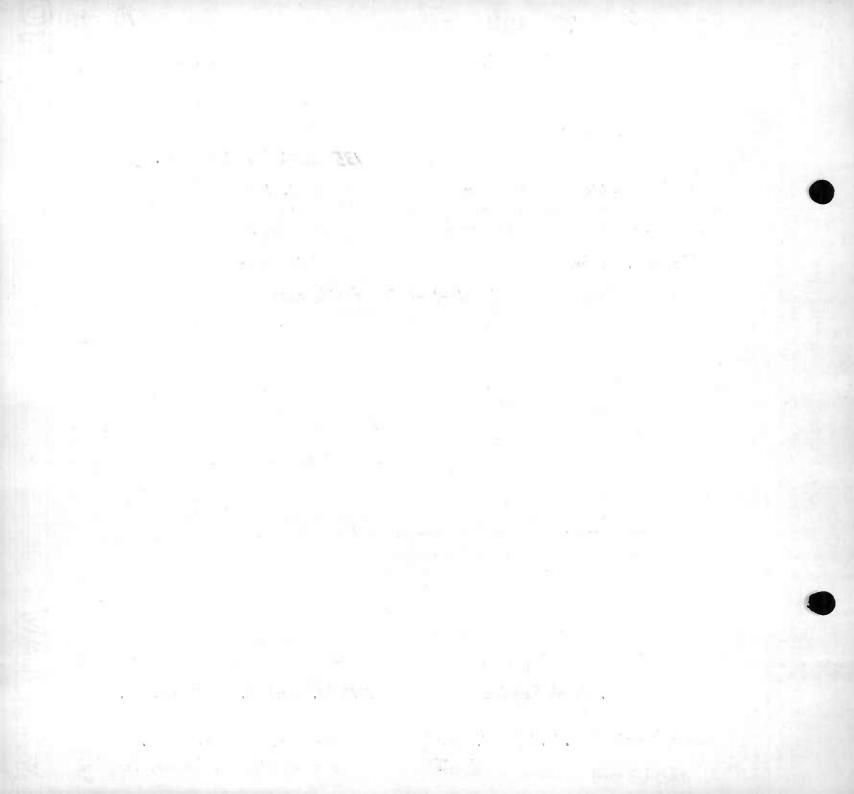
I Y Y F	AME OF DECE			CERTIFICA	2. DATE AN	ND HOUR OF DEATH	1
_		hnson, Ulys			2-14-	70	1 1:45 P
3. 1	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived II	institution: residence before odmiss
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		1504
INS	SPITAL OR	Provident			C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
-	39	1514 Diviso	_		Baltimore E. STREET AND NUMBER		AE2 🛣 NO 🗌
	/ E	Baltimore, N	larylan	d 21217	2430 Reistert	own Rd.	
5. S	EX 6	, RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24 I
		Negro	WIDOWED		5-24-16	lost birthdoyl 53	Months Doys Hours Min
tOA.	USUAL OCCUP during most of wo	ATION (Give kind of work orking life, even if settred)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore	gn country)	12. CITIZEN OF WHAT COUN
1	Unemploy	ed			Balto. Md.		U. S. A.
13. 1	FATHER'S NAM				14. MOTHER'S MAIDEN NA		
	ulysse	s Johnson			Annie Bradfo	ora	
15. V (Yes,	.no of unknown) [[ver in U. S. Armed For If yes, give wor or dote	e of condeal	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	Zes	9/XX Dec 42	L4 Feb	220-09-6433	Mrs. Annie Jo	hnson-Motl	her Same
	18.410	91		CAUSE OF DEAT			APPROXIMATE INTERVA
	DISEASE	OR CONDITION DI	RECTLY		t.	7 1	BETWEEN ONSET AND DE
		EADING TO DEATH		(A)IMMEDIATE CAL	ISE MYDICAN OU	Lal)	
	heart foilure, or	mean the mode of sthenia, etc. ft means	dying, e.g.,		A CONSEQUENCE OF:	1 . / 1	
		icolion which caused			11	farcusin	
	ANTECEDENT CAUSES				Heavi Fails	1100	
	DISEASES OR	CONDITIONS, if	ony, giving	(B)	A CONSEQUENCE OF:	10	************
	rise to the	above cause (A)	sloling the				
- 1		CONDITION Inch		1-1			
- h		CONDITION lost.		(c)	***************************************		
N		11	NIDIBUTING	(C)	***************************************		
Ĕľ	OTHER SIGNIFIC	II ANT CONDITIONS CON	IE TERMINAL	(C)			
CATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR COR	ANT CONDITIONS CON BUT NOT RELATED TO THE NOTION GIVEN IN PART PERATION 1998. CON	TETERMINAL T 1 (A). DITION FOR V	W0000000000000000000000000000000000000	20A. AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED
RTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CON 19A-DATE OF O	ANT CONDITIONS CONDITI	TETERMINAL T 1 (A). DITION FOR V	W0000000000000000000000000000000000000		208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19 A. DATE OF O 21 A. A CCIDENT OR CONTRIBUTI	ANT CONDITIONS COPE BUT NOT RELATED TO THE STATE OF THE S	TE TERMINAL 1 1 (A). DITION FOR VIOLEN	WHICH OPERATION	No		FINDINGS CONSIDERED LUSES OF DEATH? TO City, give exect location
CAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CON 19A-DATE OF O	ANT CONDITIONS COPE BUT NOT RELATED TO THE STATE OF THE S	TE TERMINAL 1 1 (A). DITION FOR VIOLEN	PLACE OF INJURY (e.g., in foctory, street, of	No		
CAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19A-DATE OF O 21A-ACCIDENT OR CONTRIBUTI DEATH (notify m	ANT CONDITIONS COPE BUT NOT RELATED TO THE STATE OF THE S	HE TERMINAL [1 (A). DITION FOR VORMED 21B. hom elc.J	PLACE OF INJURY (e.g., in form, foctory, street, of	No n or obout 21C, WHERE DID fice bldg, INJURY OCCUR?	(If In Boltimo	
WEDICAL CERTIFICATION	OTHER SIGNIFIC. TO THE DEATH DISEASE OR CON 19A-DATE OF O 21A-ACCIDENT OR CONTRIBUTI DEATH (notify m	ANT CONDITIONS CONDITI	HE TERMINAL [1 (A). DITION FOR VORMED 21B. hom elc.J (Hour) 21E. Whi	PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED In Al Noi While	NO n or obout 21C, WHERE DID INJURY OCCUR?	(If In Boltimo	
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CON 19A-DATE OF O 21A-ACCIDENT OR CONTRIBUTI DEATH (notify m 21D-TIME OF INJURY (APPROX.)	ANT CONDITIONS COPE BUT NOT RELATED TO THE STATE OF THE S	HE TERMINAL 1 1 (A). DITION FOR V ORMED 218, hom elc. (Hour) 21E, Whi	PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED le AI Not While k	NO n or obout 21C, WHERE DID INJURY OCCUR? 21F. HOW DID INJU	(If In Boltimo	re City, give exact location)
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19A-DATE OF O 21A-ACCIDENT OR CONTRIBUTI DEATH (notify m 21D-TIME OF INJURY (APPROX.) 22. I certify th	ANT CONDITIONS COPBUT NOT RELATED TO THOUSEN ON THE PER CONTINUE OF CAUSE O	HE TERMINAL I 1 (A). DITION FOR V ORMED 218, hom elc. (Hour) 21E. Whi Wor	PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED le AI Not While k	No n or obout 21C, WHERE DID fice bldg, INJURY OCCUR? 21F. HOW DID INJU	(If In Boltimos URY OCCUR?	re City, give exoct location)
MEDICAL CERTIFICATION	OTHER SIGNIFIC. TO THE DEATH DISEASE OR CON 19A-DATE OF O CONTRIBUTI DEATH (notify m 21D-TIME (r DF INJURY (APPROX.) 22. I certify th that (I) (we) lo	ANT CONDITIONS COPE BUT NOT RELATED TO THE NOTION GIVEN IN PART PERATION 198. CONTINUATE PROPERTY OF PROPERTY OF PART	IE TERMINAL I 1 (A). DITION FOR VORMED 21B. Homelc.) (Hour) 21E. Whi Wor) attended the	PLACE OF INJURY (e.g., in e. form, foctory, street, of INJURY OCCURRED le A1 Work in edeceased fram 2—14—70	NO n or obout 21C, WHERE DID fice bidg, INJURY OCCUR? 21F. HOW DID INJU 4-70 1	(If In Boltimos URY OCCUR?	re City, give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIFIC. TO THE DEATH DISEASE OR COI 19A-DATE OF O CONTRIBUTI OR CONTRIBUTI DEATH (notify m 21D-TIME (r TAMPROX.) 22. I certify th that (I) (we) la and hour and f	ANT CONDITIONS COPE BUT NOT RELATED TO THE NOTION GIVEN IN PART PERATION 198. CONTINUES. WAS UNDERLYING WAS PERF WAS UNDERLYING WAS UNDERLYING WAS UNDERLYING WAS PERF WOOTH (1) (this hospital) List sow the decease from the causes state	IE TERMINAL I 1 (A). DITION FOR VORMED 21B. Homelc.) (Hour) 21E. Whi Wor) attended the	PLACE OF INJURY (e.g., in e. form, foctory, street, of INJURY OCCURRED le A1 Work in edeceased fram 2—14—70	No n or obout 21C, WHERE DID fice bldg, INJURY OCCUR? 21F. HOW DID INJU	(If In Boltimos URY OCCUR?	the City, give exact location) the TO 19 Inlan death occurred an the de
MEDICAL CERTIFICATION	OTHER SIGNIFIC. TO THE DEATH DISEASE OR CON 19A-DATE OF O CONTRIBUTI DEATH (notify m 21D-TIME (r DF INJURY (APPROX.) 22. I certify th that (I) (we) lo	ANT CONDITIONS COPE BUT NOT RELATED TO THE NOTION GIVEN IN PART PERATION 198. CONTINUES. WAS UNDERLYING WAS PERF WAS UNDERLYING WAS UNDERLYING WAS UNDERLYING WAS PERF WOOTH (1) (this hospital) List sow the decease from the causes state	IE TERMINAL I 1 (A). DITION FOR VORMED 21B. Homelc.) (Hour) 21E. Whi Wor) attended the	PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED le Al Nol While k Al Work he deceased fram 2—14—70 (We) (did) (did nat) v	No n or obout 21C, WHERE DID fice bidg, INJURY OCCUR? 21F. HOW DID INJURY 19 and the lew the body after death.	If in Boltimo	t=70 19 Inlan death occurred an the decision of the decision o
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 1974-DATE OF O 21A. ACCIDENT OR CONTRIBUTI OR CONTRIBUTI OF INJURY (APPROX.) 22. I certify the	ANT CONDITIONS COPBUT NOT RELATED TO THE NOTION GIVEN IN PART PERATION 19 B. CON WAS PERF WAS UNDERLYING CAUSE OF edicol exomined (1) (this hospital) list sow the decease from the causes stated of the cause stated of the causes of th	IE TERMINAL I 1 (A). DITION FOR VORMED 21B. Homelc.) (Hour) 21E. Whi Wor) attended the	PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED le AI Not White At Work the deceased fram 2 1 14-70 (We) (did) (did nat) v	No n or obout 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU 4-70 1 19 and the lew the body after death. nding Med. Director	(If In Boltimos URY OCCUR?	the City, give exact location) the TO 19 Inlan death occurred an the de
MEDICAL CERTIFICATION	OTHER SIGNIFIC. TO THE DEATH DISEASE OR COI 19A-DATE OF O CONTRIBUTI OR CONTRIBUTI DEATH (notify m 21D. TIME OF INJURY (APPROX.) 22. I certify th that (I) (we) la and hour and f	ANT CONDITIONS COPBUT NOT RELATED TO THE NOTION GIVEN IN PART PERATION 198. CONTINUED CAUSE OF LEGICAL EXAMPLES OF LEGICAL EXA	IE TERMINAL I 1 (A). DITION FOR VORMED 21B. Homelc.) (Hour) 21E. Whi Wor) attended the	PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED INJURY OCCURRED Is At Work At Work The deceased fram 2 1 1 4 - 70 (We) (did) (did nat) v We) (did) (did nat) v	NO n or obout 21C, WHERE DID fice bidg, INJURY OCCUR? 21F. HOW DID INJURY 19 and the lew the body after death. nding Med. i. Director	If In Boltimo	re City, give exact location) 4-70 19 Inlan death occurred an the death occurred Feb. 16, 1970
MEDICAL CERTIFICATI	OTHER SIGNIFIC. TO THE DEATH DISEASE OR COI 19A-DATE OF O 21A-ACCIDENT OR CONTRIBUTI DEATH (notify m 21D-TIME OF INJURY (APPROX.) 22. I certify th that (I) (we) id and hour and f 33A-SIGNATURE 23C-PHYSICIAN NAME (Type	ANT CONDITIONS COPBUT NOT RELATED TO THE NOTION GIVEN IN PART OF LONG TO THE CONTINUATION OF LONG TO THE CONTINUAT	HE TERMINAL [1] (A). [DITION FOR VIOLENT OF THE PROPERTY OF TH	PLACE OF INJURY (e.g., in form, foctory, street, of INJURY OCCURRED le AI Nol While k At Work he deceased fram 2—14—70 (We) (did) (did nat) v DEGREE Phys	No n or obout 21C, WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJURY 19 and the lew the body after death. 123D. ADDRESS 1514 Divison St	If In Boltimo	re City, give exact location) 4-70 19 Inlan death occurred an the death occurred Feb. 16, 1970
MEDICAL CERTIFICATI	OTHER SIGNIFIC. TO THE DEATH DISEASE OR COI 19A-DATE OF O 21A-ACCIDENT OR CONTRIBUTI DEATH (notify m 21D-TIME OF INJURY (APPROX.) 22. I certify th that (I) (we) id and hour and f 33A-SIGNATURE 23C-PHYSICIAN NAME (Type	ANT CONDITIONS COPBUT NOT RELATED TO THE NOTION GIVEN IN PART PERATION 198. CONTINUED CAUSE OF LEGICAL EXAMPLES OF LEGICAL EXA	HE TERMINAL [1] (A). [DITION FOR VIOLENT OF THE PROPERTY OF TH	PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED INJURY OCCURRED Is At Work At Work The deceased fram 2 1 1 4 - 70 (We) (did) (did nat) v We) (did) (did nat) v	No n or obout 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU 4-70 1 19 and the lew the body after death. nding Med. Director 23D. ADDRESS 1514 Divison St	If in Boltimo	re City, give exact location) 4-70 19 Inlan death occurred an the death occurred Feb. 16, 1970
WEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19A-DATE OF O 21A-ACCIDENT OR CONTRIBUTI DEATH (notify m 21D-TIME OF INJURY (APPROX.) 22. I certify th that (I) (we) la und hour and f 23A-SIGNATURE 23C-PHYSICIAN NAME (Type BURIAL CREMA REMOVAL (Spe	ANT CONDITIONS COPBUT NOT RELATED TO THE NOTION GIVEN IN PART PERATION 19 & CONTINUE CAUSE OF edical examines) WAS UNDERLYING North (1) (this hospital) (this	HE TERMINAL [1] (A). DITION FOR V ORMED 21B. hom etc.) (Hour) 21E. Whi Wor attended the dalive an 2. ed above. (1) AVIER. 24C. NA	PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED le AI Work AI Work AI Work (We) (did) (did nat) v	No n or obout 21C, WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJURY 4-70 1 19 and the lew the body after death. Med. 23D. ADDRESS 1514 Divison St MATORY 24D. LC	If in Boltimo	in a part of the state of the s
WEDICAL CERTIFICATI	OTHER SIGNIFIC. TO THE DEATH DISEASE OR COI 19A-DATE OF O CONTRIBUTI OR CONTRIBUTI DEATH (notify m 21D. TIME OF INJURY (APPROX.) 22. I certify th that (I) (we) la and hour and f 23A. SIGNATURE 23C. PHYSICIAN NAME (Type BURIAL CREMA REMOVAL (Spe CIAL	ANT CONDITIONS COPBUT NOT RELATED TO THE NOTION GIVEN IN PART PERATION 19 & CONTINUE CAUSE OF edical examines) WAS UNDERLYING North (1) (this hospital) (this	HE TERMINAL [1] (A). DITION FOR V ORMED 21B. hom elc.) (Hour) 21E. Whi Wor) attended the dalive an 2. ed above. (1) AVIER.	PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED le AI Work AI Work AI Work (We) (did) (did nat) v	No n or obout 21C, WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJURY 4-70 1 19 and the lew the body after death. Med. 23D. ADDRESS 1514 Divison St MATORY 24D. LC	If in Boltimo	ity, town, or county) [1-70 19 19 19 19 19 19 19 19 19 19 19 19 19

DIRECTION OF DEATH 1. 1. 1. 1. 1. 1. 1. 1		BAL	TIMORE CITY HEALTH DEPARTMENT	20 1000				
DATE AND HOUR OF DEATH Cook 2-15-1970 Color	BIR	ин но. 70 1909 СЕ	RTIFICATE OF DEATH	REG. NO. 70 1909				
RILL WASE OF ROSESS OR LOCATION (1985) THE NOT IN MOSTATA OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION (1985) THE NOTITY MOSTATA OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION (1986) THE NOTITY MOSTATA OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION (1986) THE NOTITY MOSTATA OR INSTITUTION, GIVE STREET AND NUMBER 1578 W PRACT St. SEELE (1986) THE NAME 1578 W PRACT St. MODITY OF THE NAME 1588 W PRACT ST. MODI	1. N	AAME OF DECEASED	2. DATE / 2-15	2. DATE AND HOUR OF DEATH 2-15-1970 230 P.M				
STREET AND NUMBER STRE	FUI	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV	II Md	here deceased lived, If institution: residence before admi				
S. RETE	HO	STITUTION	Baltimore E. STREET AND NUMBER	YES 🔀 NO 🗌				
Security	[1]	WIDOWED D	MARRIED (8. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 2 Norths Doys Hours A				
15, Was Decased Ever in U. S. Armed Forces? 16, SOCIAL SECURITY NO. 213 09 6851 17. INFORMANT ADDRIVER ON UNION OF CONTRIBUTION 18. CAUSE OF DEATH	St	treet (leaner Saritation	Maryland					
SECURITY NO. 213 09 6851 The Margaret Briophy 124 S Gilmon CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	13.		14. MOTHER'S MAIDEN N					
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made al dying, e.g., hoot loidure, ashenia, etc. it means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASE OF CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION (SI). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIATE TO THE TRANSPORMED U 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH Not CONTRIBUTING CAUSE OF DEATH OF THE NOT RELIATED TO THE TRANSPORMED U 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH AND CAUSE OF DEATH OF THE NOT RELIATED TO THE TRANSPORMED U 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF THE NOT RELIATED TO THE TRANSPORMED OF THE TRANSPORMED OF THE NOT RELIATED TO THE TRANSPORMED OF THE T	1S. Yes	s, na ar unknawn) (If yes, give war or dates af service) SECUF	RITY NO.	ophy 124 S Gilmon				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OR ONT HERE DID (IF IN SOLUTION (IF IN SOLUTION)		(A) (This does not meen the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUETO, OR AS A CONSEQUENCE OF:	ev Deseau sys				
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) And the course of the course stoted above. (I) (Wer) (did not) view the body offer deoth. Attending Attending	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ERATION 20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
22. I certify that (I) (this hospital) attended the deceased from	Ī.	OR CONTRIBUTING CAUSE OF home, form, for	FINJURY (e.g., in ar about 21 C. WHERE DID ictary, street, affice bldg., INJURY OCCUR?	(If In Boltimore City, give exact lacation)				
that (I) (we) lost saw the deceased above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Attending Med. Director Phys. 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24A. BURIAL CREMATION, [24B. DATE [24C. NAME of CEMETERY of CREMATORY] [24D. LOCATION] (City, town, or count	MEDIC		Not While	NJURY OCCUR?				
DEGREE Phys. Director		that (I) (we) lost saw the deceased olive on	Ju 1970 ond	that in (my) (our) opinion death occurred on the				
NAME (Type) BAYLUS W.D. DEGREE 1600 WILKENSTUR BY 24A. BURIAL CREMATION, [24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or count		DV Brighes	DEGREE	Staff Phys. 16 Feb 70				
	11	A. BURIAL CREMATION, 248. DATE 24C. NAME of CE	DEGREE 1600 M					
Burial 2-20-1970 Glen Haven Mem Pk (em Glen Burnie, Md 25A. DATE REC'D BY HEALTH DEPT. FEB 17 1970 Glen Executiva Thomas J Kenny Inc 1600 Hollins	25/	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTR	ZAR 25C. FUNERAL DIRECT	OR ADDRESS				



IMPORTANT

FUNERAL DIRECTOR:



VS 151-REV. 3/1/68

MANAGER . TELEVISION THE RESERVE

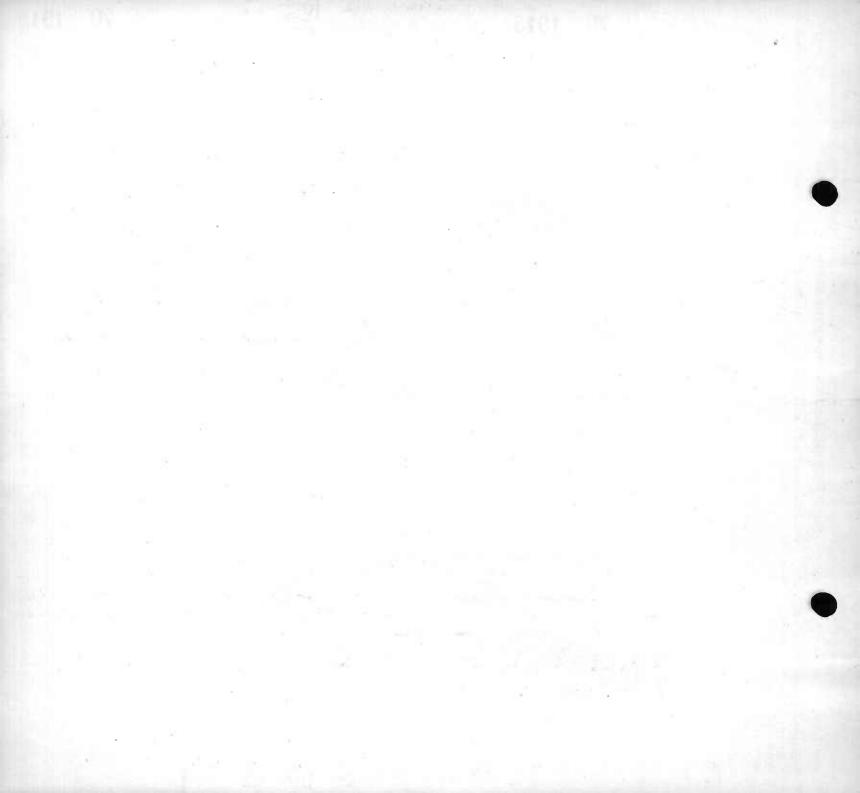
8-600 70 1912 BALTIMORE	TTY HEALTH DEPARTMENT	
BIRTH NO. 70 1912 CERTIFIC	CATE OF DEATH REG. NO.	Tio12
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	10 1915
WILLIAM ISOYEK,	2/14/70	1 4.15 h
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. AA	5111
HOSPITAL OR ADDRESS OR LOCATIONI	C CITY OF FOLIA	DE CITY LIMITS?
COL TH BALTIMORE GENERAL HO	PASADENA	YES NO NO
USON TH ISALTIMORE GENERAL HO	E. SIREET AND NUMBER	11
5. SEX 16. PACE 17	BOX 386 - GREEN	HAVEN
5. SEX 6. RACE 7. MARRIED NEVER MARRIED [WIDOWED DIVORCED [8. DATE OF BIRTH 9. AGE (in years lest highday)	If Under 1 Yr. II Under 24 Hrs. Months Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10R KIND OF BUSINESS OF INDUS	IRY 11. BIRTHPLACE (Stole of foreign country)	112 CITITAL OF
dane during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Severn, Md.	USA
a cillia : O Rome -	14. MOTHER'S MAIDEN NAME	
well and 18 years	- Let self	
IS. Wes Decessed Ever in U. S. Armed Farces? (Yas, no ar unknown) (If yes, give wer ar dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
Yes WW 77 218-01-5779	Hospital Records	
18. 16.2. CAUSE OF DE		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE C.	AUSE Carcino me lung	1/2 months
heat lative, asheria, etc. It means the disease	AS A CONSEQUENCE OF:	
injury or camplication which caused death.	se. me facture.	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	AS A CONSEQUENCE OF:	*****************************
UNDERLYING CONDITION lost. (C)		
- 11		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		Į
▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A)	***************************************	***************************************
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes er No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
	in or about 27 C. WHERE DID /// In Ratingue	City, give exact focation)
OR CONTRIBUTING CAUSE OF home, ferm, fectory, street, etc.	affice bldg., INJURY OCCUR?	City, give exact location)
	215 4044 212 2142	
E IOF INJURY	21F. HOW DID INJURY OCCUR?	
Work At Wo	rk 🔲	
22. I certify that (1) (this hospital) attended the deceased from	1/2 19 70 to 2	14 1970
that (I) (we) last saw the deceased alive on 2 14	19 7 0 ond that In(my) (our) opini	on death occurred on the date
and have and from the causes stated above. (1) (We) (did) (did not)	view the body after death.	
23A, SIGNATURE		23R DATE SIGNED
Propert P	ttending Med. Staff. Phys.	2/14/20.
23C. PHYSICIAN'S	23D. ADDRESS	
JY. C. CHEN		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		town, or county! (State)
Burial 2/18/10 Baltimore Natio		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	nal Cemetery Baltimore,	Md.
FFR 1 7 1070 R. S. S. E. Fa Ben M.D.	Kirkley Funeral Home. 421	Crain Hwy S.E.
VS 150-REV. 1/1/68	Kirkley Funeral Home, 421	Crain Hwy S.E. Burnie, Md. 2106



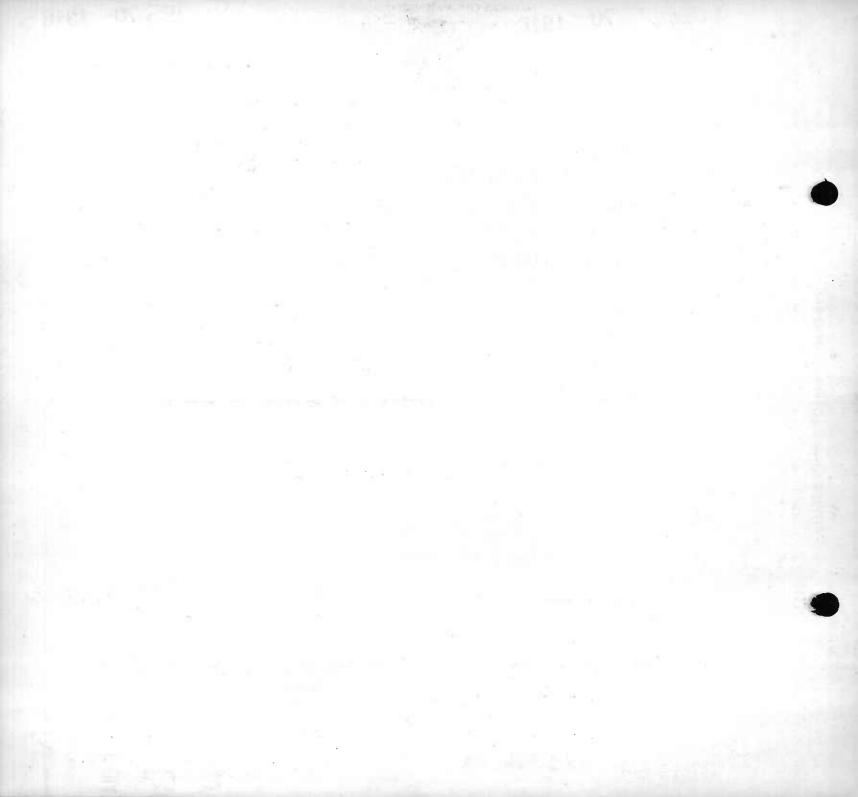
	EALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO. 70	1913
I. NAME OF DECEASED	llo pare	
FLORENCE HAMMETT	2. DATE Knawn Month Day Year OF DEATH Estimated	Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year	r Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 2 15 70	8:45 A.
111	5. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY	e before admission)
Lutheran Hospital	Md. Howar	
MARKIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS	.7
Female White WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years # Under Yr. # Under 24 Hrs.	Mt. Airy YES	NO E
last birthday) Months, Days, Hours, Min.	E. STREET AND NUMBER	
June 26, 1891 78	R.F.D. #3	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAJ COUNTRY?	13. FATHER'S NAME	
Maryland USA	Weldon E. Bowen	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even il retired)	Y 15. MOTHER'S MAIDEN NAME	504 15 -5 163
Housewife	Carrie King	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknawn)(If yes, give war ar daies of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
No	Marie Hammett, RFD # 3, Mt. A	iry, Md.
19. 4 1 2 4 1 CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arterioscle	erotic cardiovascular disease	THE TOTAL AND DEATH
LEADING TO DEATH		
heart foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	******************
injury or camplication which caused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION TAST.		
<u>C</u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
CO	AS PERFORMED 21. AUT	OPSY? (Yes or Na)
		no
ZZA. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	In or about 22C. WHERE DID (If In Ballimore City, give exact location	
22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIB. UTING ☐ CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?	
220. TIME (Month) (Day) (Year) (Haur) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT	WHILE	
23. m. WORK AT W	VORK L	
I certify that I held an Inquiry Inspection X. Au	topsy ond that on this basis, death in my opinion	
resulted from: Notural couses X Accident Suicid		
00/1	CHIEF MEDICAL EXAMINER	
ACTUAL (/ STANLE)	ACCICTANT MEDICAL EVAMINED	DATE SIGNED
SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Russell S. Fisher, M.D.		16-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county	
	anal Math	MA
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	apel Meth. Long Corner	, Mu.
FEB 1 7 1978 P. C. Sauben M.D.	Olin L. Molesworth, Damascus	. Md.
and the state of t	of the Hotel worth, Damascus	9 770.
VS 151-REV. 1/1/68	0 9 0 0	V



Mask	BALTIMORE CITY	HEALTH DEPARTMENT		1210
M-220 70 1915	CERTIFICA	TE OF DEATH	REG. NO	70 1915
1. NAME OF DECEASED (Type or Print) LAURENCE A.	McHUGH		15, 1970	4:50 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION) Union Memorial	STITUTION, GIVE STREET	4. USUAL RESIDENCE (Where A. STATE B. COUNTY Md., 21213 C. CITY OR TOWN Baltimore E. STREET AND NUMBER 2819 Pelhan	D. INSID	DE CITY LIMITS?
S. SEX 6. RACE 7. MAADD	IED X NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. , If Under 24 Hrs
male white widow		Aug. 27, 1899	st birthday	Months Doys Haurs Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired)		11. SIRTHPLACE (State or foreign Baltimore,		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	C ITOLO E LIBORITA	14. MOTHER'S MAIDEN NAME		
Michael J. Mc	Hugh		a Neary	
S. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 217-14-1793	17. INFORMANT Rose Spartar	na McHugh	ADDRESS , wife, above
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, the beart failure, asthenia, etc. II meons the diser injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given the disertion of the beart of the be	e.g., DUE TO, OR AS ase,	Myccandial I SE A CONSEQUENCE OF: Schoolic C, V. A CONSEQUENCE OF:		Sublina Years
UNDERLYING CONDITION Ideal. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FINANCE OF SERFORMED	IAL	20A. AUTOPSY? (Yes ar No)	208. IF YES, WERE F	INDINGS CONSIDERED
ER C				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., inhome, Igrm, foctory, street, of	fice bldg., INJURY OCCUR?	(It In Baltimare	City, give exact lacotian)
21D.TIME (Month) (Day) (Yeat) (Haut) OF INJURY (APPROX.)	21E, tNJURY OCCURRED While At Nat While Work Nat Work	21 F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this baseital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE	an io	25 1969 and that	55_ta in(my) (aar) apin	nian death accurred an the day
23C. PHYSICIAN'S NAME (Typ)Dr. Frank J. S 24A. BURIAL CREMATION, 124B. DATE 124	OEGREE Phy	23D. ADDRESS 1010 S	t. Paul S	2/16/70
REMOVAL (Specify) Burial 2/18/70 E	Baltimore Nati	onal Cem.	Baltimore	. Md.
	ME OF REGISTRAR	2sc. FUNERAL DIRECTOR Schimunek F 3331 Br		ADDRESS



1	2 110	חניי	dia .	BALTIMORE CITY	HEALTH DEPARTMENT		70 404	0
FR	7-/60 TH NO.	70	1916		TE OF DEATH	REG. NO	70 191	<u> </u>
			ATHERINE	(HANSO E MARIE PEPPE)	ond Hour of DEATH	/ -	PM
3. 1	PLACE IN BALTI	MORE, MARYLA	ND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WH	nere deceased lived. If	institution: residence before o	dmissian)
HC	SPITAL OR	(IF NOT IN ADDRESS O	HOSPITAL OR IN:	STITUTION, GIVE STREET	Md., 27 c. CITY OR TOWN Baltimore	1224	SIDE CITY LIMITS?	/
	90 H	ouse in elair R	the Piroad	nes	E. STREET AND NUMBER	binson Str	YES NO NO	
. 5	EX	6. RACE	7. MADD	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Unde	et 24 Hrs.
		white	WIDOW	/EDX DIVORCED	11/11/1885	last birthdays	Months Days Hours	Min.
on	a during most of w	arking life, even if	retired)	at home	Baltimore			
3.	FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	AME		13
		John Ey	delloth		unknown			
S.	Was Deceased	Ever in U. S. Am	ned Forces?	16. SOCIAL	17. INFORMANT	7	ADDRESS 21	236
163	s, no di unknowni	ui yes, give war	ar dates at service	CAUSE OF DEATH		Hanson, so	on,4244 Darle	eigh
TIFICATION	INJUST OF COMP	NTECEDENT C CONDITION: above couse CONDITION IC IL CANT CONDITION BUT NOT RELATION OPERATION [19]	AUSES 5, if any, give (A) stating asl. NS CONTRIBUTING THE TERMIN IN PART I (A). B. CONDITION FO	ing the (B) Alkinson (C). (C). AG AL Dibits M.	Lente Centron A CONSEQUENCE OF: Liter Obrah 20A. AUTOPSY? (Yes or N	No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?	
AL CER	OR CONTRIBUT	ING CAUSE	OF _	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	a or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltim	are City, give exact location)	
MEDIC				21E, INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID IN	IJURY OCCUR?		
	that (1) (we) 1	IN BALTIMORE, MARYLAND, WHERE PRONOUNCE ME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) HOUSE IN THE PINES BETAIT ROAD 6. RACE White White WIDOWED AT THE PRONOUNCE OF SERVICE OF CONTRIBUTION OF BUSING MARKING	on 2// e. (I) (Ve) (did) (did not) v	iew the body after death		2/11/19 Dinion death occurred on 238. DATE SIGNED 2/17/70	16 ,	
			Albert		23D. ADDRESS 4900 B	elair Roa	ad	
SERT HOO. INAME OF DECEASED ITYPE OF PRINT) RATHERINE RATHERIN	COUDON Park	Trans.	Baltimor		(State)			
5A	B 1819	HEALTH DEP	E Talla	AG-OF-REGISTRAR	Schimunek 3331 B	Funeral February		
5	150-REV. 1/1/61	3		. 0 0 0	1071			



7	7-635	70	1917	BALTIMORE CITY	HEALTH DEPARTMENT		70	1917
BIRTH	I No.	-10	1911	CERTIFICA	TE OF DEATH	REG. NO		1011
	ME OF DECEASED		T.	1 /	2. DATE AN	ND HOUR OF DEATH	1	31/
		8mes	1 1	FARDON	0	2-14-	70	8 Aim
3. PL	ACE IN BALTIMORE	MARYLAND,	WHERE FRON	OUNCED DEAD	4. USUAL RESIDENCE IWHE	re deceased lived. 1)	institution: residen	ce belore admission)
FULL	NAME OF OF	NOT IN HOSP	TAL OR INST	TTUTION, GIVE STREET	Md., 212	13	2.6	233
INST	PITAL OR A	DDRESS OR LOC			C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
	フつ	INER	ecy		Baltimore		YES 🔀	NO []
-	2 /		/		3311 Kenti	icky Aveni	10	
5. SEX	6. RAC	Ε /	7- MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr.	. Il Under 24 Hrs.
	m	W	WIDOWE		8/30/1906	last birthday)	Months Days	Haurs Min.
10A. U	SUAL OCCUPATION	N (Give kind of wo	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at lare		12. CITIZEN C	F WHAT COUNTRY?
	during most of working to			Labor Dept.	Penna.			
13. FA	THER'S NAME				14. MOTHER'S MAIDEN NA	ME		
	Jol	nn Rear	don		I.	McMannes		
15. We	es Deceased Ever in	U. S. Armed Fo	ices?	16. SOCIAL	17. INFORMANT		ADD	RESS
	no	give wor of do	es of service	SECURITY NO.	Vera Joyce F	Reardon.	wife. ab	ove
18		/1		CAUSE OF DEATH		HII		ROXIMATE INTERVAL
	DISEASE OR	CONDITION D	RECTLY		DM.2 C.D.	11 1	A BETWEE	EN ONSET AND DEATH
	LEADII	NG TO DEATH		(A)IMMEDIATE CAU	or Dicongest	ne hear	disea	e C
h	This does not mea eart lailure, ostheni	a, e)c. } mean:	s the diseas	DUE TO OR AS	CONSEQUENCE OF:	<i>a</i>	**********	
ir	njury ar camplicatia				3) Anen	m q		
		DENT CAUSE		(B)	a) pne	umomia		
	SEASES OR CO.			g DUE TO, OR AS	A CONSEQUENCE OF:			
U	INDERLYING CON	DITION last.	Stating in	(c)	******************************			
-		11			/			
ATION	THER SIGNIFICANT OF	ONDITIONS CO	NTRIBUTING					
U 19	ISEASE OR CONDITIO	<u>ON GIVEN IN PA</u>	RT 1 (A).	WHICH OPERATION	[20A. AUTOPSY? (Yes or No	W 208 SE VEC WESS	Elvipinos con	CIDERED
CERTIF	A A		RFORMED	WITCH OFERATION	Ton Autorsi rules of ru	IN CERTIFYING CA	AUSES OF DEATH	17
	A ACCIDENT WAS	UNDERLYING	21	B. PLACE OF INJURY le.g., in	at about 21C. WHERE DID	(If In Baltimo	ore City, give exact	t locotian)
₹ DI	R CONTRIBUTING [EATH (notify medical		et	ome, form, factory, street, aff c.)	ice bidg., INJURY OCCUR?			
0 21	D. TIME (Month	(Day) (Year)	(Hour) 21	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
Z (A	F INJURY (PPROX.)			/hile Al Not While				
22	2. I certify that (I	(this hospita		the deceased from	1 121	19 10	2	14 19 70
					3_19.70and the	nt In (mu) (mu) on	Inter death as	19 19
				(I) (We) (did) (did not) vi		or in (my) (out) op	imun death occ	orred on the date
	A. SIGNATURE	, 1,	1/16		cw the body difer debilis		23B, DATE SIGN	NED
		1-Ma	Kipa	Dhum	ding Med.	Shaff Phys.		
23	C. PHYSICIAN'S NAME (Type)			DEGREE	3D. ADDRESS	rnys. 🗀		
	HOPLICH	ANG.	- MAK	ipour				
24A. I	BURIAL CREMATION	, 24B. DATE	24C.1	NAME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (C	city, town, ar caun	ity) (State)
	Burial	2/18	/70 H	oly Redeemer		Baltimore		
25A. E	DATE REC'D ST HEA		145	OF REGISTRAR				DDRESS
FE	B 1 8 1070	STAR	7.0.	老人 自自自	Schimunek I	Tuneral He	ome, Inc	
VS 150	0-REV. 1/1/68	AT A	TA KA	40	1 1 1 1 1 1 1 1	5. CIIIIO 1501		



FUNERAL DIRECTOR: IMPORTANT

,		70 1	-0.10	CERTIFICA					
NAME C	F DECEA	SED Edward	1	0=11111101	0		HOUR OF DEAT	ADDRESS APPROXIMATE INTERMENT ON SET AND COUNTY BETWEEN ONSET AND COUNTY APPROXIMATE INTERMENT OF COUNTY BETWEEN ONSET AND COUNTY BETWEEN ONSET AND COUNTY ADDRESS ADDRESS ADDRESS ADDRESS APPROXIMATE INTERMENT ON SET AND COUNTY BETWEEN ONSET AND COUNTY BETWEEN ONSIDERED ALTIMORY MADDLE BALTIMORY MADDLE (City, fown, or county) (Storm County) (Storm County) (Storm County) (Storm County)	
Type or Pri	1 0	THURE, C.		UGH					
3. PLACE		ORE MARYLAND, W			4. USUAL RESII	DENCE (Where	deceased lived. If		
					IIA. STATE	B. COUNT	Y		1
FULL NAM	OR	ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TOW	28 CHE			
INSTITUTIO	NC			/	BALTIN		D. IN		
90		ENOOD NO		HOME	E. STREET AND			AE2 N	NO
1	13 A	LTIMORE, M.	0 2121	2,			EN FIELD A	7 VC	2/14
S. SEX		RACE			B. DATE OF BIRT		. AGE (In years		1 Vi II II II II II
		WHITE		NEVER MARRIED	12-15		st birthday	Months	Doys Hours
			WIDOWED	DIVORCED DIVORCED DIVORCED			67	lia ciris	511 05 1111 17 60
done during	most of wor	king life, even if retired)	Be	thleham				12. CITIZ	EN OF WHAT CO
STRUC	TURALS	TEEL WORKER	STEL	thlehem ELINDUSTRY	Baltin	ore, M	d.		
3. FATHER	R'S NAME				14. MOTHER'S	MAIDEN NAM	E		
	J	ames Cavar	naugh		A	lma Ho	ward		
	eceased Ev	er in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT				ADDRESS
		yes, give wor or dote		SECURITY NO.			0	-1	
no				114-01-3813	Mildre	d Zang	Cavanau	igh, w	•
18.	50	X		CAUSE OF DEAT	Н				
111/01/	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION lost. (B) CARCINOMA OF LSO DUE TO, OR AS A CONSEQUENCE OF:								
rise	AN ASES OR Io Ihe	TECEDENT CAUSES CONDITIONS, if obove couse (A)	ony, giving		INOMA OF	E ESOPK	MGUS		4+M05,
VOLTAN OTHER TO THE DISEAS	AN ASES OR TO THE ERLYING OF ESTIMATION ESTIMATION EDEATH E SE OR CON	TECEDENT CAUSES CONDITIONS, if obove couse (A)	ony, giving sloting the NTRIBUTING HE TERMINAL T (A).	(B) CARCA DUE TO, OR AS	20 A. AUTOPS	E OF: Y? (Yes or No)	20B, IF YES, WER	E FINDINGS AUSES OF E	CONSIDERED
VOLLANDING TO THE TO THE TO THE DISEAS 19A. D. 21A. A. OR CO.	AN ASES OR TO THE ERLYING OF TO SECULT OF OR TO TRIBUTION TO TRIBUTION TO THE T	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II ANTICONDITIONS CO BUT NOT RELATED TO TILDITION GIVEN IN PAR PERATION 179B. CON	ony, giving sloting the State of the State o	(B) CARCO OF AS (C) WHICH OPERATION 8. PLACE OF INJURY (e.g., ine, form, foctory, street, o	20 A. AUTOPS	Y? (Yes or No)	20B, IF YES, WER	AUSES OF E	CONSIDERED SEATH?
OTHER TO THE DISEAS 19A. D. 21A. A. OR CO DEATH	AN ASES OR TO THE ERLYING OF SIGNIFICA E DEATH E SE OR CON ATE OF OI ACCIDENT ONTRIBUTII I (notify me	CONDITIONS, if obove couse (A) CONDITION lost. II ANT CONDITION COBUT NOT RELATED TO THE LATED	ony, giving sloting lhe NTRIBUTING HE TERMINAL I I (A). DITION FOR FORMED 21E hor etc	(B) CARCO DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., one, form, foctory, street, one)	20 A. AUTOPS in or obout 21 C. W ffice bidgs, INJURY	Y? (Yes or No)	20B. IF YES, WER IN CERTIFYING C	AUSES OF E	CONSIDERED SEATH?
OTHER TO THE TO	AN ASES OR TO THE ERLYING OF SIGNIFICA E DEATH E SE OR CON ATE OF OI CCCIDENT ONTRIBUTIN H (notify me	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION Iosl. II ANT CONDITION S CO BUT NOT RELATED TO THE IODITION PAR PERATION 19B. CON WAS PERION CONTROL OF COURSE OF edicol exominer)	ony, giving sloting the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR FORMED 21E (Hour) 21E (Hour) 21E Wh	(B) CARCO DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, or	20 A. AUTOPS in or obout 21 C. W ffice bidg., INJURY	Y? (Yes or No) VO HERE DID OCCUR?	20B. IF YES, WER IN CERTIFYING C	AUSES OF E	CONSIDERED SEATH?
NO OTHER TO THE OT	AN ASES OR TO THE ERLYING OF SIGNIFICA E DEATH E SE OR CON ATE OF OI ACCIDENT DNTRIBUTING I (notify me	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II ANT CONDITION S CO BUT NOT RELATED TO THE LATED TO TH	ony, giving sloting the NTRIBUTING HE TERMINAL T 1 (A). DITON FOR FORMED 21E (Hour) 21E WW.	(B) CARCO DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., indeed, or indee	20 A. AUTOPS in or obout 21 C. W ffice bldg., INJURY	Y? (Yes or No) VO HERE DID OCCUR?	20B, IF YES, WER IN CERTIFYING C	CAUSES OF E	CONSIDERED DEATH?
NO OTHER TO THE OT	AN ASES OR TO THE ERLYING OF SIGNIFICA E DEATH E SE OR CON ATE OF OI ACCIDENT DNTRIBUTING I (notify me	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II ANT CONDITION S CO BUT NOT RELATED TO THE LATED TO TH	ony, giving sloting the NTRIBUTING HE TERMINAL T 1 (A). DITON FOR FORMED 21E (Hour) 21E WW.	WHICH OPERATION S. PLACE OF INJURY (e.g., ine, form, foctory, street, one) INJURY OCCURRED All Work which deceased fram	20 A. AUTOPS In or obout 21 C. W ffice bldg., INJURY 21 F. Ho	Y? (Yes or No) VO HERE DID OCCUR? DW DID INJU	20B. IF YES, WER IN CERTIFYING C	CAUSES OF E	CONSIDERED DEATH? r exoct locotion)
NO OTHER TO THE DISEASE OF THE DISEA	AN ASES OR To the ERLYING OF SIGNIFICA E DEATH E SE OR CON ATE OF OI ACCIDENT ONTRIBUTIN H (notify me) JURY OX.) Certify the	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II ANT CONDITION S CO BUT NOT RELATED TO THE LATED TO TH	ony, giving sloting the State of the State o	WHICH OPERATION S. PLACE OF INJURY (e.g., ine, form, foctory, street, only) L. INJURY OCCURRED Not While At At Work the deceased fram	20 A. AUTOPS In or obout 21 C. W ffice bldg., INJURY 21 F. Ho	Y? (Yes or No) VO HERE DID OCCUR? DW DID INJU	20B. IF YES, WER IN CERTIFYING C	CAUSES OF E	CONSIDERED DEATH? r exoct locotion)
W O OTHER TO THE T	AN ASES OR TO THE ERLYING OF ESIGNIFICA E DEATH E SE OR CON ATE OF OI ACCIDENT ONTRIBUTING (ACCIDENT ONTRIBUTING ONTRIBUTING (ACCIDENT ONTRIBUTING ONTRIBUTING ONTRIBUTING (ACCIDENT ONTRIBUTING ONTRIBU	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. ANT CONDITION S CO BUT NOT RELATED TO TI IDITION GIVEN IN PAR PERATION 179B. CON WAS PERI WAS UNDERLYING CAUSE OF edicol exominer) Month) (Doy) (Yeor) at (1) (this haspital st saw the decease	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR FORMED 21E (Hour) 21E Wi Wa) attended to	WHICH OPERATION S. PLACE OF INJURY (e.g., ine, form, foctory, street, only) L. INJURY OCCURRED Not While At At Work the deceased fram	20 A. AUTOPS In or obout 21 C. W Iffice bidgs, INJURY 21 F. HO	Y? (Yes or No) VO HERE DID OCCUR? DW DID INJU - / 3 19	20B. IF YES, WER IN CERTIFYING C	CAUSES OF E	CONSIDERED DEATH? r exoct locotion)
WE DISEASE OF THE PROPERTY OF	AN ASES OR TO THE ERLYING OF ESIGNIFICA E DEATH E SE OR CON ATE OF OI ACCIDENT ONTRIBUTING (ACCIDENT ONTRIBUTING ONTRIBUTING (ACCIDENT ONTRIBUTING ONTRIBUTING ONTRIBUTING (ACCIDENT ONTRIBUTING ONTRIBU	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. ANT CONDITION S CO BUT NOT RELATED TO TI IDITION GIVEN IN PAR PERATION 179B. CON WAS PERI WAS UNDERLYING CAUSE OF edicol exominer) Month) (Doy) (Yeor) at (1) (this haspital st saw the decease	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR FORMED 21E (Hour) 21E Wi Wa) attended to	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, only) L. INJURY OCCURRED hile At Work At Work the deceased from	20 A. AUTOPS In or obout 21 C. W Iffice bidgs, INJURY 21 F. HO	Y? (Yes or No) VO HERE DID OCCUR? DW DID INJU - / 3 19	20B. IF YES, WER IN CERTIFYING C	eauses of E	CONSIDERED DEATH? r exoct locotion) A 19 2 h accurred on the
WE DISEASE OF THE PROPERTY OF	AN ASES OR TO THE ERLYING OF ESIGNIFICA E DEATH E SE OR CON ATE OF OI ACCIDENT ONTRIBUTING (notify me) IME JURY OX.) certify the I) (we) lo aur and fr	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. ANT CONDITION S CO BUT NOT RELATED TO TI IDITION GIVEN IN PAR PERATION 179B. CON WAS PERI WAS UNDERLYING CAUSE OF edicol exominer) Month) (Doy) (Yeor) at (1) (this haspital st saw the decease	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR FORMED 21E (Hour) 21E Wi Wa) attended to	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, only) L. INJURY OCCURRED hile At Work the deceased fram	20 A. AUTOPS In or obout 21 C. W Iffice bidgs, INJURY 21 F. HO 2 / 19 / 0	Y? (Yes or No) VO HERE DID OCCUR? DW DID INJU - / 3 19 and that	20B. IF YES, WER IN CERTIFYING C	pinian deot	CONSIDERED DEATH? exect location) h accurred on the signed
NO IT OF THE NO IT	AN ASES OR TO THE ERLYING OF ESIGNIFICA E DEATH E SE OR CON ATE OF OI ACCIDENT DNTRIBUTING (Notify mo (NOTIFY TO CONTRIBUTION (NOTIFY TO CONTRIBUTIO (NOTIFY TO CONTRIBUTION (NOTIFY TO CONTRIBUTION (NOTIFY TO	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II ANT CONDITION S CO BUT NOT RELATED TO THE LATED TO T	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR FORMED 21E (Hour) 21E Wi Wa) attended to	WHICH OPERATION S. PLACE OF INJURY (e.g., indeed, only) L. INJURY OCCURRED All Work The deceased fram (I) (We) (did) (did not) Attended Att	20 A. AUTOPS In or obout 21 C. W Iffice bidgs, INJURY 21 F. Ho 2 / 19 / 0	Y? (Yes or No) VO HERE DID OCCUR? DW DID INJU - / 3 19 and that fter death.	20B, IF YES, WER IN CERTIFYING C	pinian deot	CONSIDERED DEATH? exect location) h accurred on the signed
NO IT OF THE NO IT	AN ASES OR TO THE ERLYING OF ESIGNIFICA E DEATH E SE OR CON ATE OF OI ACCIDENT ONTRIBUTING (notify me) IME JURY OX.) certify the I) (we) lo aur and fr	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II ANT CONDITION S CO BUT NOT RELATED TO THE LATED TO T	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR FORMED 21E (Hour) 21E Wi Wa) attended to	WHICH OPERATION S. PLACE OF INJURY (e.g., indeed, only) L. INJURY OCCURRED All Work The deceased fram (I) (We) (did) (did not) Attended Att	20 A. AUTOPS In or obout 21 C. W ffice bldg., INJURY 21 F. HC 2 / 19 / 0 /lew the body a anding M 5. M Di 23 D. ADDRESS	Y? (Yes or No) HERE DID OCCUR? DW DID INJU - / 3 19 and that fter death.	20B. IF YES, WER IN CERTIFYING C	pinian deot	CONSIDERED DE ATH? exect location) h accurred on the signed
NO THER UN DES AND THE DISEASE TO TH	AN ASES OR IO THE ERLYING OF THE DEATH E SE OR CON ATE OF OIL ON TRIBUTING (AND THE CONTRIBUTION ON THE CO	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II ANT CONDITION S CO BUT NOT RELATED TO THE LATED TO T	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR FORMED 21E (Hour) 21E Wi Wa) attended to	WHICH OPERATION B. PLACE OF INJURY (e.g., indeed, or community) E. INJURY OCCURRED in All Work in the deceased fram th	20 A. AUTOPS In or obout 21 C. W In or obout 21 C. W In JURY 21 F. Ho In Jury	Y? (Yes or No) VO HERE DID OCCUR? DW DID INJU - / 3 19 and that fter death.	20B, IF YES, WER IN CERTIFYING CO. (If In Boltim RY OCCUR? To to tin(my) (owe) of the control	pinian deot	CONSIDERED DEATH? exect locotion) h accurred on the signed 15-70 REMARKET MARK
NO OTHER TO THE DISEASE OF IN. (APPRO 22, 1 of that () and ho 23A, 51	AN ASES OR IO THE ERLYING OF THE DEATH E SE OR CON ATE OF OIL ON TRIBUTING (AND THE CONTRIBUTION ON THE CO	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II ANT CONDITION S CO BUT NOT RELATED TO THE LATED TO TH	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR PORMED 21E (Hour) 21E With War 21 ded above. (WHICH OPERATION B. PLACE OF INJURY (e.g., interpretation) C. INJURY OCCURRED All Work 20A. AUTOPS In or obout 21C. W ffice bldg., INJURY 21F. HC 2 19 70 View the body a anding M 5. 23D. ADDRESS 6 100 EMATORY	Y? (Yes or No) HERE DID OCCUR? DW DID INJU - / 3 19 and that fter death.	20B, IF YES, WER IN CERTIFYING CO. (If In Boltim RY OCCUR? To to tin(my) (owe) of the control	pinian deot	CONSIDERED DEATH? exect locotion) h accurred on the signed 15-70 REMARKET MARK	
NO IT OF THE NOTICE OF THE NOT	AN ASES OR IO THE ERLYING OF SIGNIFICA E DEATH E SE OR CON ATE OF OIL ACCIDENT ONTRIBUTIN H (notify me IMME JURY OX.) Certify the JURY OX.) Certify the GNATURE HYSICIAN'S AME (Type AME (Type AL CREMA	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II ANT CONDITION S CO BUT NOT RELATED TO THE CONDITION OF SELECT CONDITION, 248. DATE COUNTY, 248. DATE COUNTY, 248. DATE	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR PORMED 21E (Hour) 21E With War 21 delive an 21 del above. (WHICH OPERATION B. PLACE OF INJURY (e.g., indeed, or community) E. INJURY OCCURRED in All Work in the deceased fram th	20A. AUTOPS In or obout 21C. W ffice bldg., INJURY 21F. HC 2 19 70 View the body a anding M 5. 23D. ADDRESS 6 100 EMATORY	Y? (Yes or No) VO HERE DID (OCCUR? DW DID INJU - /3 19 and that fter death. ed. Sector	20B, IF YES, WER IN CERTIFYING CO. (If In Boltim RY OCCUR? To to tin(my) (owe) of the control	pinian deot 238. DAT 2- City, town, o	CONSIDERED DEATH? exect locotion) h accurred on the signed 15-70 REMARKET MARK
NO IT OF INTERPRETATION OF COMMENT OF INTERPRETATION OF COMMENT OF INTERPRETATION OF COMMENT OF INTERPRETATION OF INTERP	ANN ASES OR TO THE ERLYING OF SIGNIFICATE EDEATH E SE OR CON ATE OF OI ACCIDENT DITRIBUTING INTERPRETATION ONLY ONLY ONLY ONLY ONLY ONLY ONLY ON	TECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II ANT CONDITION S CO BUT NOT RELATED TO THE CONDITION OF SULPHY IN PAR PER ATION 19B. CON WAS PERI PER ATION (Doy) (Year) Ant (I) (this haspital est saw the decease ram the causes stoted to the couse stoted to the cous	ony, giving sloting the State of the State o	WHICH OPERATION B. PLACE OF INJURY (e.g., interpretation) C. INJURY OCCURRED All Work 20A. AUTOPS In or obout 21C. W In or obout 21C. W In or obout 21C. W In JURY 21F. Ho 2 In Jury Y? (Yes or No) WO HERE DID OCCUR? DW DID INJU - / 3 19 and that fter death. ed. 24D. LO Ba AL DIRECTOR	20B. IF YES, WER IN CERTIFYING CO. (If In Boltim RY OCCUR? To to to the In (my) (OWE) of th	pinian deot 238. DAT 2- City, town, o	CONSIDERED DEATH? r exoct locotion) d = 15 19 2 h accurred on the signed r county) ADDRESS		



V.S. 153 2-25-70

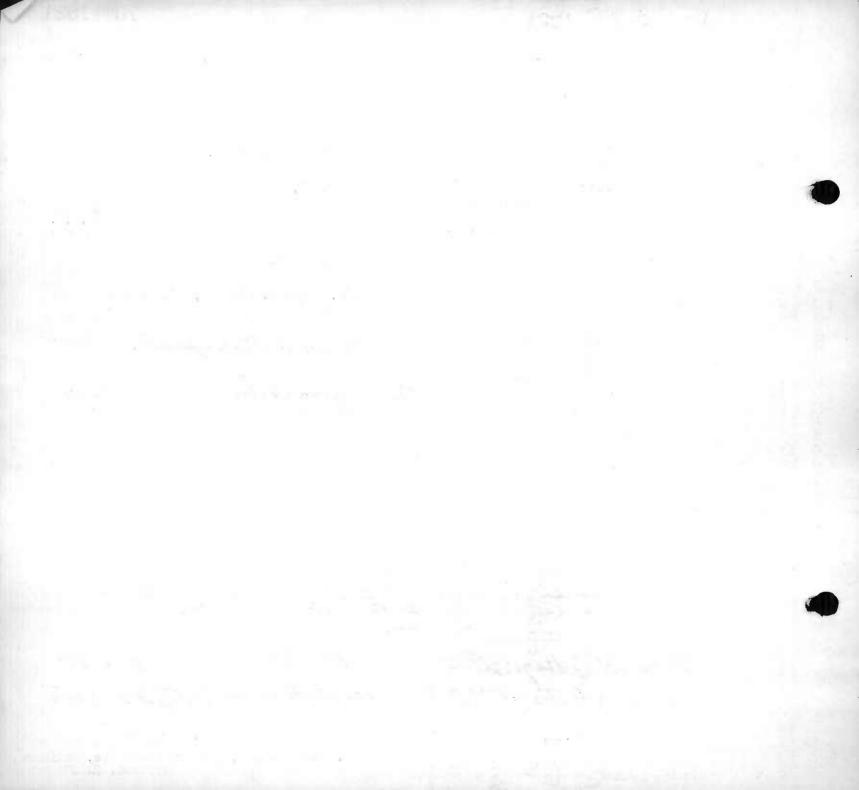
M.H.

HEALTH DEPARTMENT	X

D-060	ME	DICAL	EXAMI	NER'S	CERTIFIC	CATE OF	DEAT	H	70	1920	
BIRTH NO.								KEG. NO.			_
NAME OF DEC					2. DATE OF DEATH	Known Estimoted	Month	Doy	Yeor	Hour	
. PLACE IN BAL	TIMORE, MARYLAND	, WHERE PE	ONOUNCED	DEAD	3. DATE		Month	Doy	Yeor	Hour	vi.
ULL NAME OF HOSPITAL DR INSTITUTION	(IF NOT IN HOS	PITAL OR INS	IITUTION, GIVE	STREET			2	16	70	11:15 p	M.
A town	th Baltimor	e Gene:	ral Hosp	ital	A. STATE		e decegsed I	B COUNTY		And it	0
. SEX	7. RACE	B. MARR	IED NEVER	MARRIED -	C. CITY OR	TOWN					_
male	white					Baltimore		Y	ES .	NO 🔼	
	lost birth	(In years adoy) 48			E. STREET A		Rivers	ide Rd.	21.2	225	
I. BIRTHPLACE (S	tate or foreign country)				NAME					_
								uer.			_
one during most of w	orking life even Il retire	d)									
WAS DECEASE	ED EVED IN HE ADA	ED EOPCES	2 17 500	IAL				A	DDRESS		_
Yes	W W 2	es ol service	SECO	JRITY NO.	Mrs.V	ivian May	Beech	er 202 (old Riv	verside R	d.
19.	181	BILL	C	AUSE OF DEA					API	PROXIMATE INTERVA	L
DISEASE	OR CONDITION DI	RECTLY									
				A)IMMEDIATE C	AUSE Fa	ty liver					
(This does no heart failure,	of meon the mode of osthenio, etc. It meons	dying, e.g., the disease,	,	DUE TO, OR	AS A CONSEQ	JENCE OF:					
injury or com	MANUAL OF DECEASED REG. NO. NAME OF NOTITION OF THE NAME OF NOTITION OF STREET SOUTH BALTIMORE, MARTHAND, WHERE PRONOUNCED DEAD SOUTH BALTIMORE MARTHAND, WHERE PRONOUNCED DEAD SOUTH BALTIMORE MARTHAND SOUTH BALTIMORE General Hospital SOUTH BALTIMORE MARTHAND SOUTH BALTIMORE GENERAL OR INSTITUTION, CIVESTREET SOUTH BALTIMORE MARTHAND SOUTH BALTIMORE MARTHAND NAME OF NOTITION OF STREET AND NUMBER AND PRONOUNCED DEAD SOUTH BALTIMORE GENERAL OR INSTITUTION SOUTH BALTIMORE MARTHAND NAME OF NOTITION OF STREET AND NUMBER NAME OF STREET AND NUMBER WHITE OF BIRTH STREET AND NUMBER WHAT OF STREET AND NUMBER WHITE OF STREET AND NUMBER WHAT OF STREET AND NUMBER WHAT OF STREET AND NUMBER WHITE OF STREET AND NUMBER										
AN	TECEDENT CAUSES			R)							
DISEASES C	R CONDITIONS, IF A	NY, GIVING	,	DUE TO, OR	AS A CONSEC	UENCE OF:					
UNDERLYIN	G CONDITION LAST	L.									
5	•		,,	C)							
2 TO THE DEA	IFICANT CONDITIONS	TO THE TERM	ING NAL								
			FOR WHICH O	PERATION W	S PERFORM	ED			121 AUTO	PSV2 (Yes or No)	
3									211. A0101	1311 (13001110)	
			22B. PLACE OF	INJURY (e.g.,	In or obout 2: bldg., etc.) IN	C. WHERE DID	(II In Boltimo	re City, give exc			-
			Loop william								
OF INJURY	Month) (Doy) (T		WHILE AT _	TON T	WHILE	IF HOW DID IN	DURY OCC	UR?			
23.			m. WORK	J AT W	ORK L						-
result	ed from: Natural c	auses 🗓	Accident	Suicid	e Ho	micide 🗌	Undetermi	ned manner			
	1110	1	1/-	1		HIEF MEDICAL	EXAMINER			DATE CICALED	
	REMUNIC	1016	1	M.D	ASSIS	TANT MEDICAL	EXAMINER			DATE SIGNED	
EXAMINE	R'		X		ASSO						
4A. BURIAL CREW	AATION. 248 DATE	. Spit:	Z.M.D.	OF CEMETERY	eputy C	nief Medi					_
EMOVAL (Specil	(v)				M-q			AVA.		(Slote)	
											_
FR 1 8 197		- 4		J. KAN		-				21225	
			54.3	-			1				_

1501 ,0 12 v 12 Trender femon emissis deported amonto for creating estracted of energy legs, store of metalely another; Sell world in the latest to a first old wront to the contract of the contract

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



a a company of the standard trees on

FUNERAL DIRECTOR: IMPORTANT

10 211	1		BALTIMORE CITY	HEALTH DEPARTMENT		MO A	004
5-36C	70	1924	CERTIFICA	TE OF DEATH	REG. NO.	/U 1	924
NAME OF DEC		Rutter	ì		14,1970	3.	:30 P.
PLACE IN BAL	TIMORE, MARYLAND, W	HERE PROND	UNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B, COU		stitution: residence	e before admissio
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	53-00
0 -				Baltimon	e	YES	NO 🛣
10 Goul	d (onvalesce	nt Home		E. STREET AND NUMBER 4330 Si	ver Spring R	oad - 21	128
SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Doys	. If Under 24 Hr
Female	White	WIDOWED	DIVORCED	May 17, 1885	lost birthdoy	Wionins Doys	Trouis 14th.
A. USUAL OCCI	UPATION (Give kind of wor		44	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF	WHAT COUNT
HomeMake				Baltimore	City	U.	S.A.
FATHER'S NA				14. MOTHER'S MAIDEN NA	ME		
	harles Harvey	4		Kate Mu	ndu		
. Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	ary	ADDR	ESS
No or unknown	(II yes, give wor or dote	es of service)	213-07-25430	Edgar Leroy R	utter Jr. 43		
1B. /	0.01		CAUSE OF DEATI	1			OXIMATE INTERVAL
DISEAS	SE OR CONDITION DI	RECTLY		17		BEIWEE	N ONSET AND DEA
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Simel	v Janes	s	Then
	iol meon the made ol asthenia, etc. Il means		DUE TO, OR AS	A CONSEQUENCE OF:	Y:		81
	plication which caused			δ Α			7 /
	ANTECEDENT CAUSES		10 CP	o mel ac	carel		11.11
DISEASES C	OR CONDITIONS, if	anv. aivina	DUE TO, OR AS	A CONSEQUENCE OF:			hand the same
	e above couse (A)		Ma	0 1	- 10 0-1	0.	
UNDERLYING	G CONDITION last.		(c) / Va	- Carol	annu -		
TO THE DEAT	II FICANT CONDITIONS CO	HE TERMINAL					
	OPERATION 198, CONWAS PER	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE I	INDINGS CONS	IDERED
OR CONTRIBL	NT WAS UNDERLYING [JTING [CAUSE OF medical examiner)	21 B. hometc.	ne, form, foctory, street, of	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	e City, give exoci	locotion)
)		(H) 215	INTILIAN OCCUPATO	215 HOW DID IN	IIIny occurs		
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)		Wh	ile At Not While				
22	abox (1) (abia bassisa	I) essended si	ha dayaasad faar	1.125	19 0 > to	Tier	19.20
	that (1) (this haspita		- / - /			r.ff4	
that (I) (we)	last saw the decease	ed alive an	2/12/	7019 and t	hat In(my) (aur) apl	nian death acc	urred on the d
and haur and	d from the causes sta	ted above. (I	v (نوب لونا) (did) (did مولا) (iew the bady after death.			
23A. SIGNATU	IRE	12-1	1			23B. DATE SIGN	IED /
1//	111	7	Atte	nding Med.	Staff	7/1	1120
Z3 C. PHYSICIA	red LIC	in	DEGREE Phys	Director L	Phys. —	2/10	0/1
NAME (T		01	1	30. ADDRESS	. / /	D.R	nih
1	nrad 1.	Kick	1 DEGREE	2/10 Hz	your ,	Wilk	Golne
4A. BURIAL CRE	MATION, 248. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C)	ty, town, or count	(Stote)
Buria		0	2 1 10	Bo	Itimore, Mry	land	
		DER NAME	Parkwood (enet	SC. FUNERAL DIRECTO	ler Inc-6415	A P	DRESS
SA. DATE REC'D	BY HEALTH DEPT.	258 NAME C	A A	John C. Mil	1-1	AL	DKE33
LFR18	IAM TOPES	- Values	1 0 0 C	John C. Mil	ver 1nc-6415	Belain R	d21206
'S 150-REV. 1/1/	6 B			0 1 1 7			

Parry Hall, Mb.

.

1.0

100

. . 6

well

40.2

IMPORTANT

DIRECTOR:

FUNERAL

di , gerenje gere 1 A A And the second of the second o

AND PARTY OF THE er ar principal ag TO . TO . TO . TO .

IMPORTANT FUNERAL DIRECTOR:

	RE CITY HEALTH DEPARTMENT	70 1928
NO. AE OF DECEASED	FICATE OF DEATH REG. NO.	1020
FRAZIER, EUGENE B	2. 15. 70 Lem	1
CE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived, if institution	m residence before admission)
NAME OF TAL OR ADDRESS OR LOCATION) NAME OF ADDRESS OR LOCATION)		Y LIMITS?
INAI HOSPITAL	E. STREET AND NUMBER YES	NO NO
6. RACE 7. MARRIED 1 AIGUST MARRIED	16/4 Four Juage	Ct.
WIDOWED DIVORC	ED 1 10/29/22 Host Diffindoy 47 Mont	nder 1 Yt. If Under 24 Hrs. hs Doys Hours Min.
UAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. C	TITIZEN OF WHAT COUNTRY?
WESTERN ELE	c. W. VA.	US17
HER'S NAME	14. MOTHER'S MAIDEN NAME	
RNEST BATES	LULA ALLEN	
or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
114 379-12-	7922 CARL FRAZIER AB	POUE
200. CAUSE OF	DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	YMPHO SARCOMA	25urs.
is does not mean the made of dying, e.g., art foilure, asthenia, etc. It means the disease, bury or complication which caused death.)	ATE CAUSE , OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES		
SEASES OR CONDITIONS, if any, giving DUE 10,	OR AS A CONSEQUENCE OF:	***************************************
o to the obove couse (A) stoling the IDERLYING CONDITION lost. (C)		***************************************
HER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL EASE OR CONDITION GIVEN IN PART 1 (A).		
DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	N 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	OS CONSIDERED F DEATH?
ACCIDENT WAS UNDERLYING 21 & PLACE OF INJUR CONTRIBUTING CAUSE OF home, form, factory, start (notify medical examines)	Y (e.g., in or about 21C. WHERE DID (If In Boltimore City, girect office bidg., INJURY OCCUR?	give exect locotion)
TIME (Month) IDoy) IYeon (Houn) 21E INJURY OCCUR	ED 21F. HOW DID INJURY OCCURY	
	of While U	
I certify that ((this hospital) attended the deceased from	n 12.29.70 19 to 12.	15-70 19
t (we) last saw the deceased alive on 2.15.70	ond that in (our) apinion de	ath occurred an the date
hour and from the causes stated above (We) (did) (did	view the bady ofter death.	
SIGNATURE	Au 0	ATE SIGNED
BUYSICIANS DEGR		15.70
PHYSICIAN'S NAME (Typel M. BODENHEIMER M.D.	23D. ADDRESS Senai Hospital	
	20.50	or county! (Stole)
ATE REC'D BY-HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
PB 1 8 1970 Paled To Salbay 16 14	I TENCONMELLY SONS	300 MACE
VF 49 1/ 1/ 09		

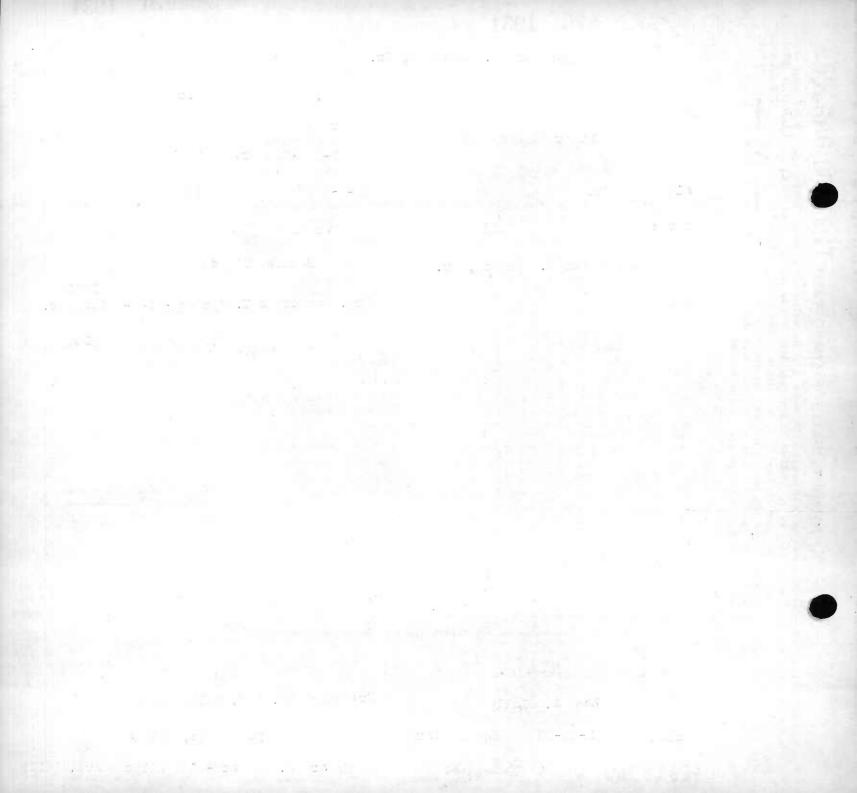
1/ 552 70	BALTIMORE CI	2 DATE AND HOUSE OF DEATH 2 DATE OF BEATH 2 DATE OF SIRET A USUAL RESIDENCE (White deceased lived. II institution residence before admission) 3 STATE & COLUMN. 3 STATE & COLUMN. 4 USUAL RESIDENCE (White deceased lived. II institution residence before admission) 4 STATE & COLUMN. 5 COL	
H-553 70 BIRTH NO.	1929 CERTIFIC	ATE OF DEATH REG. No.	70 1929
1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE MARY AND	Anmoni	2/15/20	11,45 A.
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	If institution: residence before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET (ATION)		
42			YES NO
SIN AS. HOSPI ?	ALTINOTP.	223 (LARENI)	n/ A
5. SEX 6. RACE W	WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	
10A. USUAL OCCUPATION (Give kind of wor	108 KIND OF BUSINESS OR INDUST	RY 11. BIRTHPEACE (State or foreign country)	12. CITIZEN OF WHAT COUNTE
done during most of working life, even if refired) C/C/K 13. FATHER'S NAME	Food FAIR		
Robert E.	Hammond		in
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give wor or dote		17. INFORMANT	ADDRESS
18		Mrs. Rose Hammond 1	ikesville 8, md.
DISEASE OR CONDITION DI	3.0,	/ /- · ·	
(This does not mean the made of heart failure, asthenia, etc. It means	the disease. DUE TO, OR A		Jacq
injury or complication which caused ANTECEDENT CAUSES	death.)	T. 11 + 0-1	
	(B) (D)	gestive Hear Jouli	arlo.
DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	stating the	S A CONSEQUENCE OF:	
11			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	isbets mellity	
O OTHER SIGNIFICANT CONDITIONS CO	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)		in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR?	nore City, give exoct location)
21D-TIME (Month) (Doy) (Year) OF INJURY (APPROX.)		21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital		- 1 1 2 1 2	3/15/100
that (1) (we) last saw the decease	ed alive an 2/15/	20 19 and that Infiny) (aur) a	worth the forther the seferal marine 17 annum
and haur and from the causes stat	ted abave. (1) (We) (did) (did nat)	view the bady after death.	
23A, SIGNATURE	1		238 DATE SIGNED
23C.PHYSICIAN'S	eny my page Ph	ys. Director Phys.	2/15/70
NAME (Type)	1/2-	23D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C		City, town, or county) (Stotel
Burial Feb.17	,1970 Druid Ridge		Balto., Md.
25A. DATE REC'D BY HEALTH DEPT.	258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FFB 1 8 10711 00 8	E. Farber M. A.		ngs Mills, Md.
VS 150-REVT 1/1/08			

District the second DA TINEAR SILTS HOTEL BARTISON 223 Cambradon or M. C. X 2/1/50 64 Carolor amost Congelor Head Jahne. Toleto, wellet. 06/21/20 i hills (m Veny m) 1/11/2

E-420 70 19	120	HEALTH DEPARTMENT	REG. NO.	70 10	330
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.		
Type or Print) ARTHU		2. DATE AND	HOUR OF DEATH	18.12	A .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	itution: residence before	odmission
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)		RARY CAN	D	270 E CITY LIMITS?	5
MNION INEV	N. 140 SP.	BAUTIMOR		YES NO	
4+33KD ST BAUTIMONE,	Md. 21218	E. STREET AND NUMBER	WILLEM	ALF	
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Und Months Doys Hours	er 24 Hrs
	WED DIVORCED	3-17-90	79	Nountis Doys Hours	IA/IU*
OA, USUAL OCCUPATION (Give kind of work 10 B. KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT	COUNTR
	mbing	MARYUA	ND VA.	W.S.A	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		L	
JOHN \$ ELL	21.	CORA	EWIS		
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	6 00/17	ADDRESS A	
es, no or unknown) (If yes, give wor or dotes of serv	1212-07-427L	A Mar Madal	M TOTAL	VIOW AV	
118.	CAUSE OF DEATI	A Mrs. Metti	e M. Ellis	APPROXIMATE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAU	SE PULMONA	roy EMBO	LUS BETWEEN ONSET	AND DEAT
IThis does not meon the mode of dying, heart foilure, asthenio, etc. It means the disc		A CONSEQUENCE OF:			
injury or camplication which caused death.)	105 0,				
ANTECEDENT CAUSES		CA OI C	AFCLIM		
DISEASES OR CONDITIONS, il any, gi	ving (B)	CA O C			
rise to the above cause (A) stoling UNDERLYING CONDITION tost.	the	~ CIUER MOT	1/2 11170		
ONDERENTO CONDITION 1051.	(c)		***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	*******************			********
194 DATE OF OPERATION 1108 COMPLETON	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	IDINGS CONSIDERED	
3/13/70 WAS PERFORMED	A CAECUM		IN CERTIFYING CAUS	ES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, factory, street, after.)	or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore C	City, give exact location)	
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
OF INJURY (APPROX.)	While At Not While				
20 1	Work L At Work				19
22. I certify that (I) (this hospital) attend	7 . 00	Party	70 to 70		1
that (I) (we) last saw the deceased alive			in(my) (aur) apinio	an death accurred an	the da
and haur and fram the causes stated obay	e. (1) (We) (dld) (dld not) vi	lew the body after death.			
23A. SIGNATURE	7			B. DATE SIGNED	
Voule & Ill	mand M. Atter	iding Med. Si	haff D	2/16/7	-O
23C.PHYSICIAN'S NAME/(Type)		3D. ADDRESS			
// UOSELIN J.	ALMAKIN M.D.	MMH			
A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D. LOC	CATION (City,	town, or countyl	(Stote)
	St. Mary's Cem.	-Hampden Ba	ltimore,	IV.	ld.
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
LFRIS BIN JORGER E LAWS	ay Ka	Ann Donovan	- 3818 Ro	land Ave.	
S 150-REV. 1/1/68		- 1 (1 (1)			



VS 150-REV.



IMPORTANT

DIRECTOR:

FUNERAL

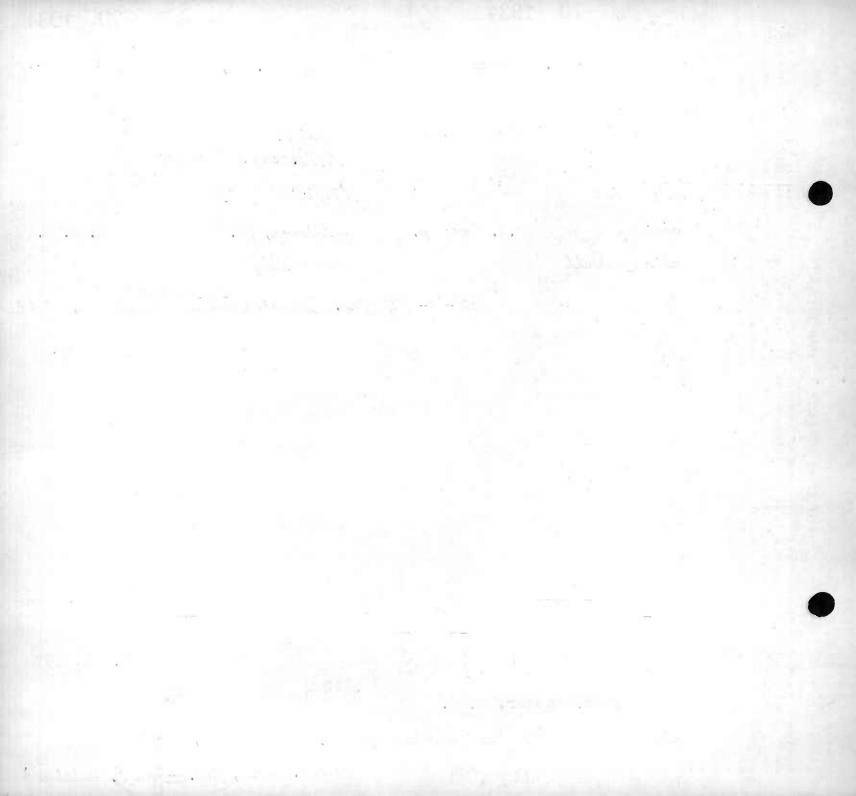
RGB

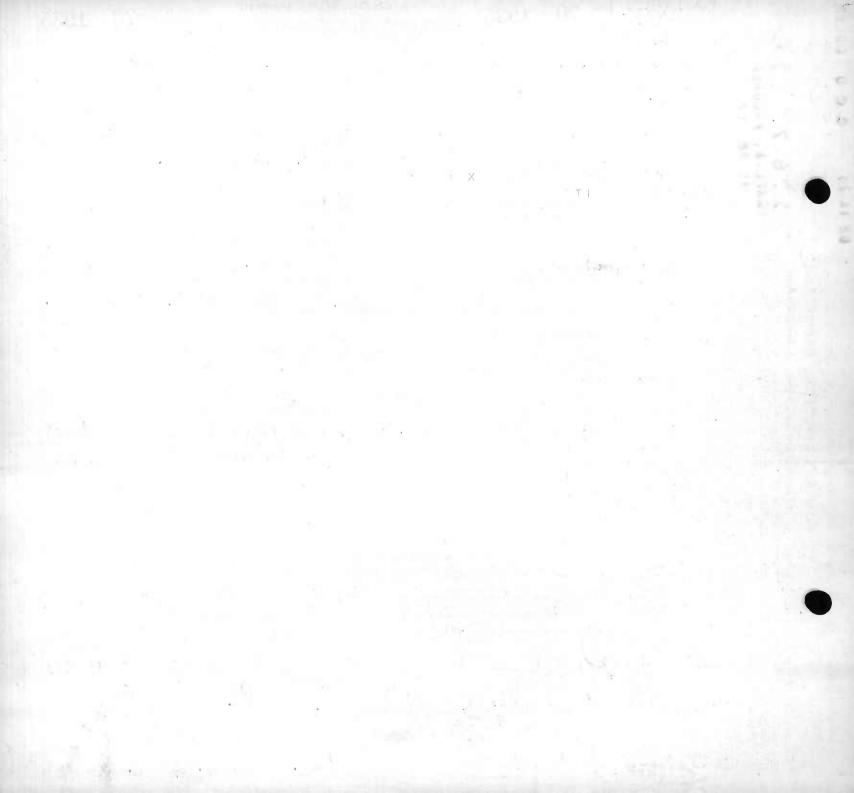
approv

Museum & ! IMPORTANT

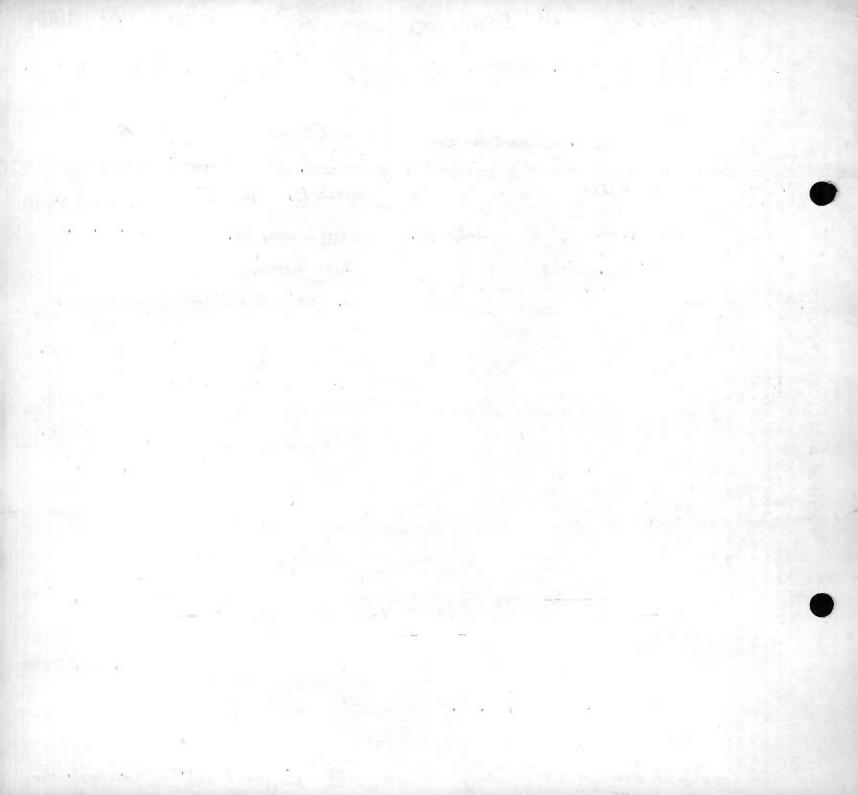
DIRECTOR:

FUNERAL





B-650 70	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 4000
1) 000	1936 CERTIFICA	ATE OF DEATH	REG. NO.	70 1936
BIRTH NO.				
I, NAME OF DECEASED Type or Print)		2. DATE AN	ND HOUR OF DEAT	тн
Margaret M. By	inne.	Fehn	uary 14.	1970 10:30 A.N
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	re deceased lived. I	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION)	OR INSTITUTION, GIVE STREET ON)	C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?
00 2/5 5 611	1 1	Baltimore		YES NO
00 265 S. Elli	wood Avenue	E. STREET AND NUMBER	1.0	
6. SEX 6. RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
remale White	WIDOWED DIVORCED	March 15, 189	2 77	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10 Idena during most of working life, even if retired)	B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
Dress Maker 3. FATHER'S NAME	Self-Emp.	Baltimone,	Md.	U. S. A.
3. FATHER 3 NAME		14. MOTHER'S MAIDEN NA	ME	
Patrick J. Byrne 5. Was Deceosed Ever in U. S. Armed Force		Mary Gannon		
Yes, no or unknown) (If yes, give wor or doles	of service) 1 6. SOCIAL SECURITY NO.			ADDRESS
No	Yes	Mrs. Evelyn Vo	insteg-780	19 Wendover Ave
18.4/2/12/	CAUSE OF DEA	TH		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT		Urmontones	0.00	10 vrs.
(This does not meon the made of d	ying, e.g., (A) IMMEDIATE CA	USE Hypertension A CONSEQUENCE OF:	JII	10 y13.
heart lailure, asthenia, etc. 11 means the injury or camplication which caused defined to the course of the course	ie disease,			
ANTECEDENT CAUSES	AI CEI	iosclerotic ca	ardiovaso	10 yrs.
	(B) UISE	ASE S A CONSEQUENCE OF:		10 y13.
DISEASES OR CONDITIONS, il an rise ta the abave cause (A) s	toling the			3 =
UNDERLYING CONDITION last.	(c) Usteo	porosis		15 yrs.
11				
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE	TERMINAL			
▼ [DISEASE OR CONDITION GIVEN IN PART I	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	J 208 IE VEC WE	BE EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDI		No.	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21 C. WHERE DID office bldg. INJURY OCCUR?	(If in Boltin	mare City, give exoct location)
O DEATH (notify medical examiner)	etc.)			
W OF IN HIERY	Hour 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
₹ (A PPROX.)	While At Not Wh	ile 🗍		
	Work At Wor		- 1	
22. I certify that (I) (this-hospital)	The second secon			bruary 14, 19 70
that (1) (we) last saw the deceased	glive on February 7	1970 and th	et in (my) (aux)	minian death occurred on the dat
			, , , , , , , , , , , , , , , , , ,	death occorred an ine dan
and hour and from the causes stated	dabave. (I) (Me) (did) (did ant)	view the bady after death.		
23A. SIGNATURE	1 2 0			23B. DATE SIGNED
tours &	eular man	tending Med. ys. Director	Staff Phys.	Feb. 16, 1970
23C.PHYSICIAN'S	1 / OBORES	23D. ADDRESS		, _,,
NAME (Type)	V			
Lloyd E. Saylo	r. M. D. GEGRE 24C. NAME of CEMETERY of C	3902 Greenmo		
AA. BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C. NAME of CEMETERY of C	REMATORY 24D. L	OCATION	(City, town, or county) (State)
Burial 2/18/70	Gardens of Fait	h Cometenii B	Itimore,	Manuland
	SE-NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	, committee,	ADDRESS
	A. M. B.	John A M		2006 0 : 22
EEB 8 2/11 Hobers E. V	TABLE TO A	forch to	ian, Inc	-3000E. Balto. St.
VS 150-REV. 1/1/6B		0 7 0		



11	10		BALTIMORE CITY	HEALTH DEPARTMENT		1-10	1000
17-6/	2 70	1937	CERTIFICA	TE OF DEATH	REG. NO	70	1937
INAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH		
		Hauban		779 4		70	
3. PLACE IN BA	Edward J.	WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WI		stitution: resid	lence before odmission)
FULL NAME O				A. STATE B. COL		6	02
INSTITUTION	ADDRESS ON LOC	A 11010)		Baltimore	D. 1NS	YES X	NO 🗌
5 Ch	urch Home &	Hospital		103 N. 920	ver Street		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1	Yr. If Under 24 Hrs.
Male	White	WIDOWED	DIV ORCED	Dec. 27, 1919	50 9 nw.	i i	, , , , , , , , , , , , , , , , , , , ,
		k 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN	OF WHAT COUNTRY?
(1)	of working life, even jf retired)	011	60.	"aryland		11	'SA
LENR 3. FATHER'S N.	AMF	Balto,	pas & Elec.	14. "MOTHER'S MAIDEN N	AMF	u	V/1
4							
	s Hrubes			Sophia Koh	6		
S. Wos Deceose	ed Ever in U. S. Armed Fo	rces?	SECURITY NO.	17. INFORMANT		Al	DDRESS
	WW 77			M 1/	11 . 1	22 11 0	., .,
18. 41 1	WW II	41	2-05-7196	Mrs. Virgin	ia Hrubes 70	13 1/4 4	APPROXIMATE INTERVAL
71	0,0		I	1.0	. 1 -1 -	BETY	WEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH			cardial V	yarction	1	11,2
(This does	not mean the mode of		(A) IMMEDIATE CAL	SE A CONSEQUENCE OF:	J		
heart failure	a, asthenia, etc. 11 means	s the diseose,	DUE TO, OK 493	A CONSEQUENCE OF:			
injury ar co	implication which caused		0		DA	2	3-44112
	ANTECEDENT CAUSES	5	(B) COLOV	lary many	q!	-	1 900
	OR CONDITIONS, if		DUE TO, OR AS	A CONSPOUENCE OF:			2
	he obove cause (A)	stoling the	10 trus	Thuswo	CVI)	2	2-34h:
O TO E TO E			(C)	2X.3X.X			
ZOTHERSICAL	IFICANT CONDITIONS CO	NITRIBILITING	0 0				
TO THE DE	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO	THE TERMINAL					
DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).	ICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CO	NSIDERED
		REDRINED		70,0131,1103 01	IN CERTIFYING CA	USES OF DE	ATH?
21A. ACCID	ENT WAS UNDERLYING	7 218 91	ACE OF INTERVIOR	n or obout 21 C. WHERE DID	III In Rollings	e City, give e	vact (acation)
OR CONTRI	BUTING CAUSE OF	home,	lorm, foctory, street, of	fice bldg. INJURY OCCUR?	in in pointing	e City, give e	AUCI IOCOHON;
U	fy medical examiner	etc.)					
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, IN	JURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
(APPROX.)		While Work	At Work				
					10 50	= 0	7. 7.A
22. I certif	y that (1) (this hospita	II) attended the	deceosed from	#	1958 to 1	w	19.20.
that (I) (we	e) last sow the deceos	ed olive on	ter	11 19 70 ond	that in (my) (our) opl	nion deoth	occurred on the date
ond hour a	nd from the causes sto	oted obove. (I) (We) (did) (did nat) v	iew the bady ofter deoth	10		
23A. SIGNAT		11	0. 1			23B, DATE S	IGNED /
	11 11 1	1001	Dh.	nding Med.	Shaff Phys.	2,	116/70
23C. PHYSIC	ANS /		DEGREE	23D. ADDRESS	rnys.	1	1 10
NAME	BURTON V.L	-ock	DEGREE	2936 8 6	salu SI	Da	to wed 20274
4A. BURIAL CE	REMATION, 24B. DATE	24C. NAM	E of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, or c	ounty) (Stote)
0 .	1 1 -	1170 11	0 1	c R	1+: M	/ /	
Buria	D BY HEALTH DEPT.	25% NAME OF	y Kedeemen	Cemetery Dieser	ultimore, Ma	ryland	ADDRESS
FERIR	1970	Janber N	4	John A Man	an 7-a 200	O E K	
ILDIO	10/0		D' B B C	John A. Mon	an, Inc. 3000	C. 00	iltimore St
/S 150-REV. 1/1	/68	1		1 0	•		

They want of a same BUTTON W. LOCK TO THE PARTY SILE WALLS FUNERAL DIRECTOR: IMPORTANT

1.		70 19	28	BALTIMORE CITY	HEALTH DEPARTMEN	T	MO 1005
	IRTH NO.	70 13	30	CERTIFICA	TE OF DEAT	H REG. NO	70 1938
(4.4)	NAME OF DECEASED				2. DAT	E AND HOUR OF DEATH	100
_	UPS. Fri	HT38 C	HII	LIKAU	3	115/10	47-
3.	PLACE IN BALTIMORE,	MARYLAND, WHERI	E PRONO	UN CED DEAD	4. USUAL RESIDENCE I	Where deceased lived, If i	nstitution; residence before admission
FIH	ULL NAME OF (IF NO SPITAL OR ADE	OT IN HOSPITAL CORESS OR LOCATION	OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
	CHURCH	HOME H	4038	1471	E. STREET AND NUMB	QC ER	YES NO NO
_	00				11718 G	CHAISVEL	STREET.
5.	SEX 6. RACE		MARRIED DOWED		8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Tr. II Under 24 Hrs. Manths: Days Haurs Min.
10	A. USUAL OCCUPATION	Give kind of work 10B.	KIND OF		11. BIRTHPLACE (SINE OF	foreign country)	12 CITIZEN OF WHAT COUNTRY
Jo	ine during mast of warking life	, even it retired)					
3.	FATHER'S NAME	rep			MARYLDI		1134.
- 674	TOTTER 3 HAME				14. MOTHER'S MAIDEN	NAME	
(CHARLES	HEREE	7		CHRISTH	DE SAME	Q
5. 1 e	Was Deceased Ever in Ues, no or unknown) (If yes, g	. S. Armed Farces?	servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT	- Jan	ADDRESS
	no				NAIRIA	200	
-	18, 1 5 02 0	•		CAUSE OF DEATH	DNEND	gesconits	
	100	4		CAUSE OF DEATE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DISEASE OR CO	NDITION DIRECT	LY				
	This does not mean			(A) IMMEDIATE CAU	SE CARNO-RE	spiratory to	DILLIGE 24 HRS
	head loilute, asthenio,	elc. It meons the	diseose.	DUE TO, OR AS	A CONSEQUENCE OF:		
	injuly or complication	which coused deat	th.)				
	ANTECED	ENT CAUSES		1. 20	0		
	DISEASES OR CONE	OITIONS, if one.	nivina	DUE TO, OR AS	A CONSEQUENCE OF:	010 & MHL7	CIPLE
	rise to the obove	couse (A) stoli	ing the		1		1 4
	UNDERLYING CONDIT	ION last.		(c) MAE	LOND		buon.
							O MORU.
_		11					a word.
20	OTHER SIGNIFICANT CO	II NOITIONS CONTRIB	BUTING				<i>w</i> 404.
NOTE	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	NDITIONS CONTRIB	RMINAL				0 400
とつこくいこ	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 1994 DATE OF OPERATIO	NDITIONS CONTRIB I RELATED TO THE TER GIVEN IN PART 1 (A	RMINAL	HICH OPERATION	20A- AUTOPST? IYos o		FINDINGS CONSIDERED
20101111	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 194. DATE OF OPERATION	INDITIONS CONTRIBUTED TO THE TER GIVEN IN PART 1 (A DN 198 CONDITION WAS PERFORM	RMINAL	HICH OPERATION		r No) 208. IF YES, WERE	FINDINGS CONSIDERED
	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATIO	INDITIONS CONTRIBUTED TO THE TER GIVEN IN PART 1 (A DN 198 CONDITION WAS PERFORM	RMINAL A). ON FOR W	PLACE OF INITIBY (a.g. in	20A-AUTOPST? IYos o	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	OR CONTRIBUTING C	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A N 19th CONDITION WAS PERFORM NDERLYING AUSE OF	RMINAL A). ON FOR W		20A-AUTOPST? IYos o	IN CERTIFYING CA	FINDINGS CONSIDERED
Z Z	OR CONTRIBUTING C DEATH (notify medical e	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A IN 178. CONDITIO WAS PERFORM NDERLYING A AUSE OF xominer)	RMINAL A). ON FOR W NED	PLACE OF INJURY (e.g., in , form, factory, street, off	20A. AUTOPST? IYos of South Control of the Control	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
1	OR CONTRIBUTING C DEATH (notify medical e	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A N 19th CONDITION WAS PERFORM NDERLYING AUSE OF	RMINAL A). ON FOR WIED 21B. home elc.)	PLACE OF INJURY (e.g., in form, factory, street, off	20A. AUTOPST? IYos of South Company of the bidg. INJURY OCCUP	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
1	OR CONTRIBUTING C DEATH (notify medical e	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A IN 178. CONDITIO WAS PERFORM NDERLYING A AUSE OF xominer)	RMINAL A). PN FOR W AED 21 B. home elc.) 21 E. Whil	PLACE OF INJURY (e.g., in , form, factory, street, off INJURY OCCURRED e At Not While	20A. AUTOPST? IYos of South Company of the bidg. INJURY OCCUP	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	OR CONTRIBUTING COEATH (natify medical e	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A N 1998. CONDITIO WAS PERFORM NDERLYING A USE OF xominer) (Day)	RMINAL A). PN FOR W AED 21 B. home elc.) unt 21 E. Whill Wark	PLACE OF INJURY (e.g., in, form, factory, street, off INJURY OCCURRED e At Not While At Work	20A. AUTOPST? IYos of or about 27C, WHERE DIT injury OCCUP	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? • City, give exact locotion)
1	OR CONTRIBUTING COLOR CONTRIBUTING COLOR CONTRIBUTING COLOR	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A IN 19B. CONDITIO WAS PERFORM NDERLYING AUSE OF xominer) (Day) ITearl (Ha this hospital) atter	RMINAL A). ON FOR WARD 21 B. home elc.) un 21 E. Whill Wark	PLACE OF INJURY (e.g., in, form, factory, street, off INJURY OCCURRED At Work deceased from	20A. AUTOPST? IYos of Control of the	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? • City, give exact locotion)
CAL	OR CONTRIBUTING COEATH (natify medical e 21 D. TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A IN 19th CONDITIO WAS PERFORM NDERLYING AUSE OF xomines) (Day) ITeas (Ha this hospital) atte the deceased oif	RMINAL A). DN FOR W AED 21 B., home etc.) 21 E. Whill Wark ended th	PLACE OF INJURY (e.g., in, form, factory, street, off INJURY OCCURRED e At	20A. AUTOPST? IYos of or about 2TC. WHERE DIT injury Occupation of the original of the original of the original of the original o	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? • City, give exact locotion)
CAL	OR CONTRIBUTING COEATH (natify medical e 21D.TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) (that (we) last saw and haur and from the	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A IN 19th CONDITIO WAS PERFORM NDERLYING AUSE OF xomines) (Day) ITeas (Ha this hospital) atte the deceased oif	RMINAL A). DN FOR W AED 21 B., home etc.) 21 E. Whill Wark ended th	PLACE OF INJURY (e.g., in, form, factory, street, off INJURY OCCURRED e At	20A. AUTOPST? IYos of or about 2TC. WHERE DIT injury Occupation of the original of the original of the original of the original o	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? • City, give exact locotion)
Z Z	OR CONTRIBUTING COEATH (natify medical e 21 D. TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A IN 19th CONDITIO WAS PERFORM NDERLYING AUSE OF xomines) (Day) ITeas (Ha this hospital) atte the deceased oif	RMINAL A). DN FOR W AED 21 B., home etc.) 21 E. Whill Wark ended th	PLACE OF INJURY (e.g., in, form, factory, street, off INJURY OCCURRED At Work deceased from	20A. AUTOPST? IYos of or about 2TC. WHERE DIT injury Occupation of the original of the original of the original of the original o	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? • City, give exact location) 19 40 nion death accurred on the date
CAL	OR CONTRIBUTING COEATH (natify medical e 21D.TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) (that (we) last saw and haur and from the	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A IN 19th CONDITIO WAS PERFORM NDERLYING AUSE OF xomines) (Day) ITeas (Ha this hospital) atte the deceased oif	RMINAL A). DN FOR W AED 21 B., home etc.) 21 E. Whill Wark ended th	PLACE OF INJURY (e.g., in, form, factory, street, off INJURY OCCURRED e At Not While At Work e deceased from (We) (did) (did we) vi	20A. AUTOPST? IYos of or about 2TC, WHERE DID in JURY OCCUP. 21F. HOW DID and and a with a body ofter decording.	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? • City, give exact locotion)
CAL	OR CONTRIBUTING DEATH (natify medical e 21D.TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A IN 19th CONDITIO WAS PERFORM NDERLYING AUSE OF xomines) (Day) ITeas (Ha this hospital) atte the deceased oif	RMINAL A). DN FOR W AED 21 B., home etc.) 21 E. Whill Wark ended th	PLACE OF INJURY (e.g., in o, form, factory, street, off INJURY OCCURRED At Work of the deceased from t	20A. AUTOPST? IYos of or about 2TC. WHERE DIT in the bidg. INJURY OCCUP. 21F. HOW DID and	IN CERTIFYING CA (If in Boltimor INJURY OCCUR? 19 10 ta 20 I that in (mir) (aur) opin th.	FINDINGS CONSIDERED USES OF DEATH? • City, give exact location) 19 40 nion death accurred on the date
CAL	OR CONTRIBUTING COEATH (natify medical e 21D.TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) (that (we) last saw and haur and from the	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A IN 19th CONDITIO WAS PERFORM NDERLYING AUSE OF xomines) (Day) ITeas (Ha this hospital) atte the deceased oif	RMINAL A). DN FOR W AED 21 B., home etc.) 21 E. Whill Wark ended th	PLACE OF INJURY (e.g., in o, form, factory, street, off INJURY OCCURRED At Work of the deceased from t	20A. AUTOPST? IYos of or about 2TC, WHERE DID in JURY OCCUP. 21F. HOW DID and and a with a body ofter decording.	IN CERTIFYING CA (If in Boltimor INJURY OCCUR? 19 10 ta I that in (mix) (aur) opli	FINDINGS CONSIDERED USES OF DEATH? • City, give exact location) 19 40 nion death accurred on the date
CAL	OR CONTRIBUTING DEATH (natify medical e 21D.TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) (that (1) (we) last saw and haur and from the 23A, SIGNATURE	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A IN 19th CONDITIO WAS PERFORM NDERLYING AUSE OF xomines) (Day) ITeas (Ha this hospital) atte the deceased oif	RMINAL A). DN FOR W AED 21 B., home etc.) 21 E. Whill Wark ended th	PLACE OF INJURY (e.g., in o, form, factory, street, off INJURY OCCURRED At Work of the deceased from t	20A. AUTOPST? IYos of or about 2TC. WHERE DIT in the bidg. INJURY OCCUP. 21F. HOW DID and	IN CERTIFYING CA (If in Boltimor INJURY OCCUR? 19 10 ta I that in (mix) (aur) opli	FINDINGS CONSIDERED USES OF DEATH? • City, give exact location) 19 40 nion death accurred on the date
MEDICAL	OR CONTRIBUTING DEATH (natify medical e 21D.TIME (Month) OF INJURY (APPROX.) 22. 1 certify that (1) (1) that (1) (we) last saw and haur and from the 23A. SIGNATURE 23C. PHYSICIAN S NAME (Type) A. BURIAL CREMATION.	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A IN 19th CONDITIO WAS PERFORM NDERLYING AUSE OF xomines) (Day) ITeas (Ha this hospital) atte the deceased oif	RMINAL A). DN FOR W AED 21 B., home etc.) 21 E. Whill Wark ended th	PLACE OF INJURY (e.g., in, form, factory, street, off injury occurred at White At Work with the deceased from the physical occurrence and the physical occurrence at the physical occur	20A. AUTOPST? IYOS OF THE STATE	IN CERTIFYING CA (If in Boltimor INJURY OCCUR? 19 10 10 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 11	FINDINGS CONSIDERED USES OF DEATH? The City, give exact locotion 19 40 Infon death accurred on the date 23B, DATE SIGNED HOSP HOSP
MEDICAL	OR CONTRIBUTING DEATH (natify medical e 21D.TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) (1) that (1) (we) last saw and haur and from the 23A, SIGNATURE 23C.PHYSTCIANT S NAME JType) A. BURIAL CREMATION, REMOVAL ISpecily)	NDITIONS CONTRIB RELATED TO THE TER GIVEN IN PART 1 (A DN 19th CONDITIO WAS PERFORM NDERLYING AUSE OF xominer) (Day) ITear) (Ha this hospital) atte the deceased oil causes stated of	PANNAL AND FOR WHED 218, home etc.) 218, while war	PLACE OF INJURY (e.g., in o, form, factory, street, off injury occurred at White At Work of the off injury occurred at White At Work of the off injury occurred injury occurred injury of the off cemeters of creating injury of the office of the office injury of the office in	20A. AUTOPST? IYOS O TO a cobout 2YC. WHERE DII Sice bldg. INJURY OCCUP 21F. HOW DID 21F. HOW DID 30 and Med. Director 3D. ADDRESS CHUCH MATORT 24D	IN CERTIFYING CA (If in Boltimor INJURY OCCUR? 19 10 ta I that In (Min) (aur) opli th. Shaff Phys. LOCATION (Cir.	FINDINGS CONSIDERED USES OF DEATH? The City, give exact locotion 19 40 Infon death accurred on the date 238, DATE SIGNED Hold City Iy, town, ar county IState)
WEDICA	OR CONTRIBUTING DEATH (natify medical e 21D.TIME (Manth) OF INJURY (APPROX.) 22. I certify that (I) (that (I) (we) last saw and haur and from the 23A. SIGNATURE 23C. PHYSICIAM'S NAME JYpel A. BURIAL CREMATION. REMOVAL ISpecily) DURIAL	NDITIONS CONTRIB I RELATED TO THE TER GIVEN IN PART 1 (A IN 198. CONDITIO WAS PERFORM NDERLYING AUSE OF xomines) (Day) ITeas) (Ha this hospital) atte the deceased oil causes stated of causes stated of 24B, DATE 2/18/70	PANNAL AND FOR WHED 218, home etc.) 218, home etc.) Wark Pannal And	PLACE OF INJURY (e.g., in o, form, factory, sheet, off injury occurred at While At Work at Work at Well (We) (did) (did) vi	20A. AUTOPST? IYos of Son or about 2TC, WHERE DID included in JURY OCCUP. 21F. HOW DID 21F. HOW DID and and all and a	IN CERTIFYING CA III In Bollimor INJURY OCCUR? I	FINDINGS CONSIDERED USES OF DEATH? • City, give exact locotion) 19 40 nion death accurred on the date 238, DATE SIGNED Holo-16, Cap iy, town, or county islate) Md.
WEDICAL	OR CONTRIBUTING DEATH (natify medical e 21D.TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) (1) that (1) (we) last saw and haur and from the 23A, SIGNATURE 23C.PHYSTCIANT S NAME JType) A. BURIAL CREMATION, REMOVAL ISpecily)	NDITIONS CONTRIB I RELATED TO THE TER GIVEN IN PART 1 (A IN 198. CONDITIO WAS PERFORM INDERLYING AUSE OF xominer) (Day) ITean (Ha the deceased olf causes stated of causes stated of A A A A B A B A B A B B A B B B B B B	PAME OIL	PLACE OF INJURY (e.g., in o, form, factory, street, off injury occurred at White At Work, e deceased from the office of the office office of the office offi	20A. AUTOPST? IYOS O D or about 2TC, WHERE DII lice bldg. INJURY OCCUB 21F. HOW DID 19 19 and whether body ofter deo Director 19 3D. ADDRESS CHUCH WATORT 24D	IN CERTIFYING CA III In Bollimor INJURY OCCUR? I	FINDINGS CONSIDERED USES OF DEATH? The City, give exact locotion 19 23B. DATE SIGNED FINDINGS CONSIDERED 19 19 19 19 19 19 19 19 19 1
1	OR CONTRIBUTING DEATH (natify medical e 21D.TIME (Manth) OF INJURY (APPROX.) 22. I certify that (I) (that (I) (we) last saw and haur and from the 23A. SIGNATURE 23C. PHYSICIAM'S NAME JYpel A. BURIAL CREMATION. REMOVAL ISpecily) DURIAL	NDITIONS CONTRIB I RELATED TO THE TER GIVEN IN PART 1 (A IN 198. CONDITIO WAS PERFORM INDERLYING AUSE OF xominer) (Day) ITean (Ha the deceased olf causes stated of causes stated of A A A A B A B A B A B B A B B B B B B	PANNAL AND FOR WHED 218, home etc.) 218, home etc.) Wark Pannal And	PLACE OF INJURY (e.g., in o, form, factory, street, off injury occurred at White At Work, e deceased from the office of the office office of the office offi	20A. AUTOPST? IYOS O D or about 2TC, WHERE DII lice bldg. INJURY OCCUB 21F. HOW DID 19 19 and whether body ofter deo Director 19 3D. ADDRESS CHUCH WATORT 24D	IN CERTIFYING CA III In Bollimor INJURY OCCUR? I	FINDINGS CONSIDERED USES OF DEATH? • City, give exact location) 19 † O nion death accurred on the date 23B. DATE SIGNED ### Company ISlate) Md.

2-12 1 milleda 1/2-16

R: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTAN'	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Dodd mo	BALTIMORE CITY	HEALTH DEPARTMENT		חכי	1020
95-200 70 1939 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70	1333
THOHAS LAWRENCE	POCHE	5R 2/12	70	13.4	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS		A. STATE B. COU	ere deceased lived. If in NTY	nstitution; residence	belare admission)
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION WORTH CHARLEC SEWELL	AL HOSPITAL		MORE D. INS	YES N	10 🗌
NORTH CHANCES St. + DE	. BALTIMO.	HE. STREET AIND NUMBER	ERNHOU	or Auc.	
HALE WHITE WIDOWED		B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	If Undar 24 Hrs. Hours Min.
dane during most of working life, even if retired) Balto.	Police De	. A	eign cauntry)	12. CITIZEN OF V	WHAT COUNTRY?
JAMES ROCHE		14. MOTHER'S MAIDEN NA	ME GAN Ma	ry Horgan	n
(Yes, no ar unknown) (If yes, give war ar dates at service)	6. SOCIAL SECURITY NO. 218-36-1002	Mrs. Betty D		ADDRES	S
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAL	RDIAL INFAR		APPROX	(IMATE INTERVAL ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) PUCHO	NARY EMPAY A CONSEQUENCE OF	SENA		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	TAROMA	sis At URG.	F		
19A. DATE OF OPERATION 198. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes ar N	a) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSID	ERED
OR CONTRIBUTING CAUSE OF CEACH (natify medical examiner)	LACE OF INJURY (e.g., tarm, lactary, street, a	n or about 21C. WHERE DID Injury OCCUR?	(If in Baltima	re City, giva exact la	cation)
Z1D. TIME (Manth) (Day) (Year) (Hour) 21E, I OF INJURY (APPROX.) While			JURY OCCUR?	1	
22. I certify that (I) (this hospital) attended the that (I) (we) lost saw the deceased alive on	deceased from	19.70 and t	1970 ta 7	112-	19 Zo,
ond haur and fram the couses stated obove. (1) 23A. SIGNATURE	AD AN	riew the body ofter deoth.		23B, DATE SIGNE	
23C. PHYSICIAN'S NAME (Type) COPE SALAM	UEGKEE	230 ADDRESS North Clar	les Hospi	tal .	
REMOVAL (Specify)	ME at CEMETERY of CR	Allen To Tall	LOCATION (C	ity, tawn, ar caunty)	(State)
25A, DATE REC'D BY HEALTH DEPT. 25B NAME OF	REGISTRAR Val	THE AL DIRECTO	July	120 /200 /200 /200 /200 /200 /200 /200 /	PRESS
			000	1	

. Toes | solic | otial

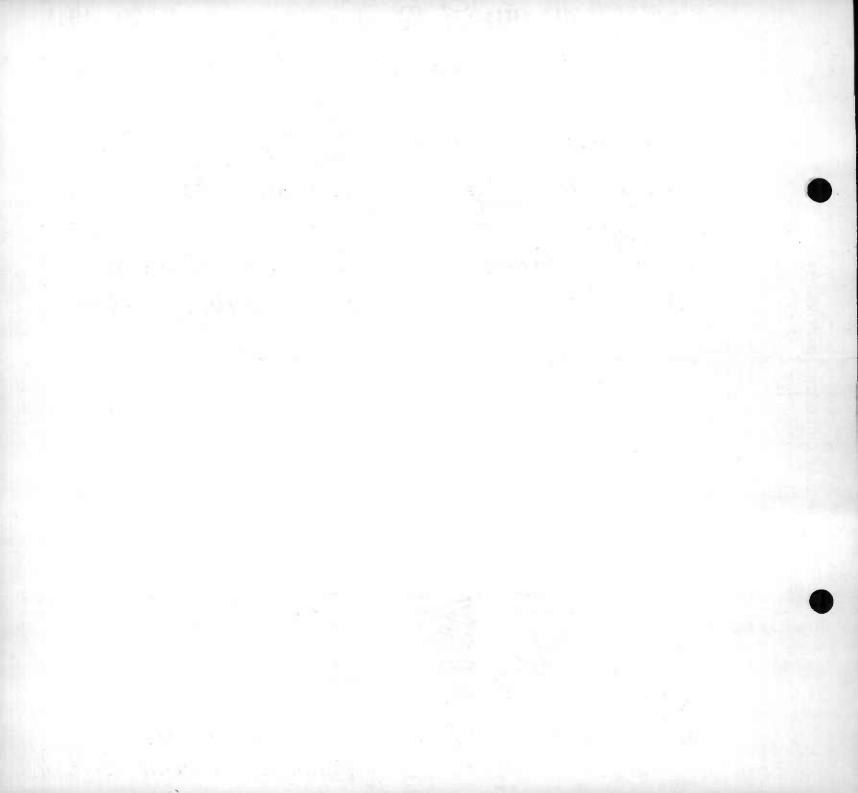
Tra. lettr Donas (Daughter,

Balto, Md.

and restaurable and filling a 1990 - 1925 (517 %) All all the second sector from the sec

R1.031(1)

	1		S-LINA	חכי	1044	BALTIMORE CIT	Y HEALTH DEPARTMENT		LAU.	4044
10		1	700	70	1941	CERTIFICA	TE OF DEATH	REG. NO	70	1941
3)	oital and of death Deceased e on the ath. Such		TH NO.	D	_		And the second s	AND HOUR OF DEAT	Н	
	77 A) C		e or Print)	DRENCE	E B	nilell	Fel		19701	2 P "
	hospital ise of c (5) Dece ance or death.	3, 1		DRE MARYLAND,	WHERE PRONOUN	CED DEAP	4. USUAL RESIDENCE (V	Vhere deceased lived. If	institution: resid	dence before odmission)
	S						A. STATE B. CO	YTAUC		1211
		HC	LL NAME OF	ADDRESS OR LOC	CATION)	ON, GIVE STREET	C. CITY OR TOWN	D. IA	ISIDE CITY LIA	IS?
	car use; tenc					. / ,	B. Himai	- /	YES	NO 🗌
	in ng cau	14	MINION	MEMON	RIAL HO.	Spital	E. STREET AND NUMBE	R		
	6 P 1 G 6		, ,			′	3431 F	Alls 12d	,	
	- 2 0 D	S. S	EX 6. R.	ACE /	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthd	If Under 1	Yr. If Under 24 Hrs.
	contrik contrik letermin in regul eceased	F	-PMIP L	Dhite	WIDOWED	DIVORCED	JAN 31 1881	2 90	1000000	7,5
1	U W - 83	10A		ION (Give kind of wo		USINESS OR INDUSTR	11, BIRTHPLACE (Stote or	foreign country)		OF WHAT COUNTRY?
	de in de	don	HOUSE OF WORK	IT P	_		11/1		0	SA
	ssistant if death the direct or c kind; (4) Undet death was in nce on the deci	13,	FATHER'S NAME	7			14. MOTHER'S MAIDEN	NAME	1	
	if dect (4) uwa the spos		Louis	C 11	poins		Flinsh	11. M.	vahu	
Z	dig dig	15.		in U. S. Armed Fo	orces?	6. SOCIAL	17. INFORMANT	14 1110	1919 A	DDRESS
A	star ind; e o	(Yes	n or inknown) (If y	r in U. S. Armed Fo yes, give wor or do	tes of service)	SECURITY NO.	1/	no 11	0-	14. 4
IMPORTAN			100	j.			VIYGINIZ	UNSH II	82.	
0	if if any ced or	1	18. 4/1 3/	from 1		CAUSE OF DEA	TH /	/		APPROXIMATE INTERVAL WEEN ONSET AND DEATH
\$	so, of of of the sed			R CONDITION D			d To - 00	A: 0 11	7):	
=	Ta Se Ao		(This does not m	nean the mode o	of dying, e.g.,	(A) IMMEDIATE CA	USE ONTENOO DE	rolle C, V,	Luz	
ä	er. ctur oron			enia, etc. II mean ation which cause						
ō	fra o F gul		ANTI	ECEDENT CAUSE	S					
5	A f who		DISEASES OR (CONDITIONS, if	anv. aivina	(B) DUE TO, OR A	S A CONSEQUENCE OF:			eg = ==== + = + = + = + = + = + = + = + =
DIRECTOR:	3) (E		rise to the of	bove cause (A)						
=	s institution		UNDERLYING CO			(C)				
=	dica lica rns sic wa	z	OTHERSIGNIES	II NI CONDITIONS CO	ONTRIBUTING					
4	med heck phy an	ATION	TO THE DEATH BU	IT NOT RELATED TO	THE TERMINAL					
FUNER	dy dy	10	19A. DATE OF OPE	ERATION 19B. CO.	NDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes o	No) 208, IF YES, WER	E FINDINGS CO	DNSIDERED
Z	chi Bo Bo th th	CERTIFIC	0	WAS PE	KFOKMED			IN CERTIFIED C	AUSES OF DE	AIR
5	Phe 29		21 A. ACCIDENT W	VAS UNDERLYING	21 B, PL	ACE OF INJURY (e.g.,	in or obout 21 C. WHERE DIE	(If in Bollin	nore City, give e	xoct location)
	by the pital b re; (2) where No pl d befo	CAL	DEATH (notify med	licol exominer)	etc.)	Tolling Toology, Strong				
	A	ā		onth) (Doy) (Yeor	r) (Hour) 21E, IN	NJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
	hosp atu pt (6)	ME	OF INJURY (APPROX.)		While Work	At Not Wh	le C			
	he h ny no excel and		22 Leartify that	t (1) (this hospite			Dan.	1960 to 6	Feb. 1	13 1970
	T = 0 0		/	t saw the deceas	/	Lune	19 7 0			
	to to of a of a of a l (h);					White day		,	printin death	accurred an the date
	ust be a cased to dent of ospital death) must b		and have and fra 23A, SIGNATURE	m the couses sto	ated abave. (1) ((me) (dia) (did nat)	view the bady after dea	th.	23B, DATE	SIGNED
			57	, 1	0	AAD AH	rending Med. Director	Stoff [9	111170
	E a U E + B		Collano	child	Tessmon	OE GREE Ph	ys. ADDRESS	Phys.		17110
	was r An a An a prior		23C. PHYSICIAN'S NAME (Type)	00 1 5	-110011	44	4037E	-00 PH		
			E DWA!	10 Lil	+ MILYSONII	AN MPDEGREE	1 2 0	218		
	15 0 0 0 E	24	BURIAL CREMAT		24C.NAM	NE of CEMETERY OF CI	REMATORY 24E	D // W	(City, town, or o	county) (Stote)
	This certif the body shows: (1) was D.O./ deceased	1	301121	2-17	-10 (51	nedval	ceus	132/6 /1	11	
	This ce the boo shows: was D. deceas	25A	. DATE REC'D BY	HEALTH .DEPT.	258 NAME-OF	REGISTRAR	FUNERAL DIREC	TOR	1	ADDRESS
	This the sho was	EF	1 1 8 1970	1652 E. V	10000 1100	11 6 11 2	BUNGED FO	eneral Ita	MP 10	12/10/11/
		VS	150-REV. 1/1/68			130	4 Husting 1	Rune (In	1	



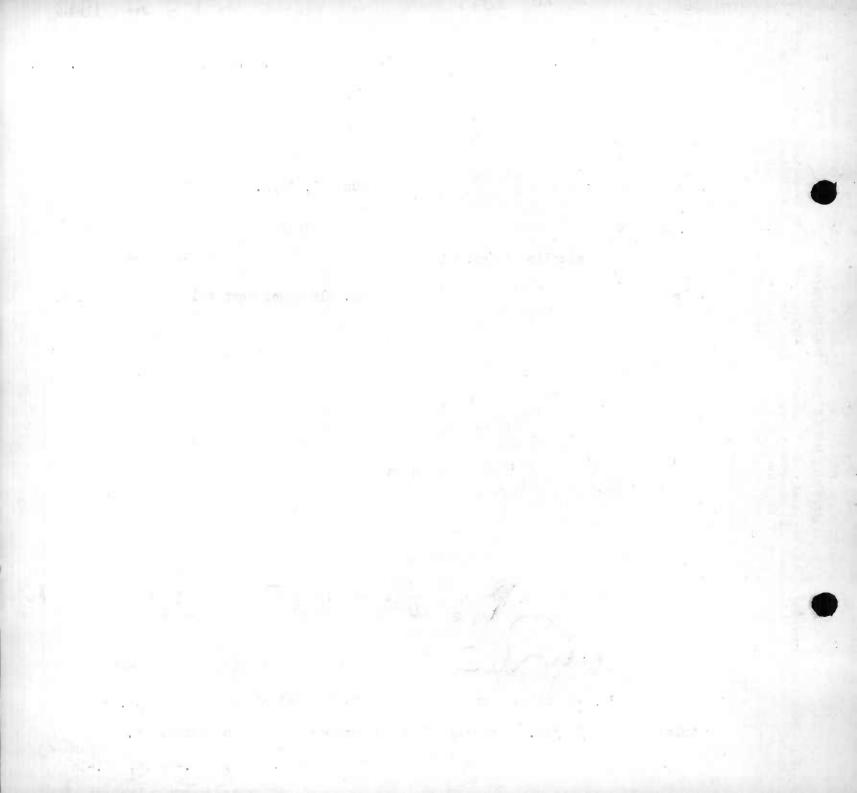
rred in a hospital an buting cause of deat ned cause; (5) Decease lar attendance on th prior to death. Suc	1 d 110
death occur to or contri Undetermi vas in regu te deceased	1
o, if the direct fank kind; (4) need death wendence on the dispersion of the direct death wendence on the death dispersion of the direct direc	1:0
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
body vs: (1) D.O. assed	24
This the show was dece	25

H-530 70 19	BALTIMORE CITY	Y HEALTH DEPARTMENT		mn 4049
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 1942
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	1
WIIIIAM HUN	(I "TWDITEM HOL	VT)	114/ 70	112.50 a
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i	institution: residence before admis
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MD. C. CITY OR TOWN (BALTO) P. Ct.		SIDE CITY LIMITS?
FOUTH BALTIOTORE	GENERAL HOS	E. STREET AND NUMBER		YES NO
		1301 Ct. Pa	ulst.	1301 St. Paul S
White WIDE	RRIED NEVER MARRIED DIVORCED DIVORCED	June 27, 1887	9. AGE (In years last birthday) 82	If Under 1 Yr. If Under 24 Months Doys Hours Mir
10A. USUAL OCCUPATION (Give kind of work 10B, Kind of work of the control of working life, even if refired) Bo	iler Mfg. Ind.	Middletown. De	an country) laware	USA
13. FATHER'S NAME	VI II WOWN	14. MOTHER'S MAIDEN NAM	AF	U.S.A
	AM M. HUNT	(Dec.)	ELLEN STR	UDWICK
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of se	vice) 16. SOCIAL SECURITY NO. 215-10-1135	Mrs. Walter Br	er, adley, Sal	isbury, Md.
18. 4. 1 2 4	CAUSE OF DEAT	1	1001	APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY			11 1 .	BETWEEN ONSET AND DE
LEADING TO DEATH	(A)IMMEDIATE CAU	ISE CHF W	ith atme	21 pantela.
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	DUE TO, OR AS	A CONSEQUENCE OF:	*****************	
injury or complication which caused death.)				
ANTECEDENT CAUSES	m ASCV	· H i) .		
DISEASES OR CONDITIONS, if any,	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
rise to the above cause (A) stating				
ONDERCTING CONDITION (dask	(c)		***************************************	***********
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	ING			
✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A)	*****************	******************************	***************************************	
19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., In	er chautial C. William DID		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, factory, street, off	ice bidg., INJURY OCCUR?	(II in Boltimor	re City, give exact location)
21D.TIME (Month) (Day) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Not While			
22 Legenting when (t) (while he arrived)	1	41		
22. I certify that (I) (this hospital) attended to (1)		***************************************		2/14/19/26
that (1) (we) last sow the deceased allve		19 70 and tha	t in (my) (our) opi	nian death occurred on the d
and hour and fram the causes stated abo	ve. (1) (We) (did) (did not) vi	ew the body after death.		
23A. SIGNATURE	9			23R DATE SIGNED
	Phoe	ding Med.	taff hys.	
23C.PHYSICIAN'S	DEGREE	3D. ADDRESS	hys. 🗀	
NAME (Type) CECILIA	CHEN.	- 2001. C.	Hanore	a CI
24A. BURIAL CREMATION, 124B. DATE 12	OEGREE		0,	
BURIAL Feb. 17,70	LORRAINE PARK	Control of the contro		TO. CO., MD.
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ZEATIN, DAL	331 (4.3)
FEB 18 1970 R.C. & Ja			EN CO.108	W. North Av., City
S 150-REV. 1/1/68		10937		



FUNERAL DIRECTOR: IMPORTANT

		0 13	40 BALTIMORE CITY	HEALTH DEPARTMENT		70 1943
1-655				TE OF DEATH	REG. NO	10 10
IRTH NO.			CLICITICA	IL OI DEATH	The state of the S	
NAME OF DECEASED				2. DATE	AND HOUR OF DEATH	H
Type or Print)	GENETTE		TERAMAN	TFeb	14, 1970	1 17 55 -
. PLACE IN BALTIMOR		VHERE PRONOL		4. USUAL RESIDENCE (W		institution; residence before admission
			JTION, GIVE STREET	A. STATE B. CO		2641
HOSPITAL OR A	DDRESS OR LOC	ATION)	JIION, OITE JIKEEI	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
4311011014				Baltimore		YES X NO
CO HOUS	E IN THE I	PINES BE	TA TRE	E. STREET AND NUMBER		4E2 [X] NO [
70				55 1 4	Knell Avenu	ne e
SEX 6. RA	CE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	ucasian	WID OWED [DIVORCED	June 19, 1892		Months Doys Hours Min.
		KIOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTE
Housewife	life, even if retired)	S. 0.0		Italy		Italy
FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME	
	Marcel	lo DiGio	vanni		Grace	Mazoc
. Was Deceased Ever i	n U. S. Armed For	rees?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If ye	s, give war or dote	es of service)	SECURITY NO.	Mr. Alexander	Teramani	(Same)
18. LLY 6	A I		CAUSE OF DEATH			APPROXIMATE INTERVAL
1001						BETWEEN ONSET AND DEA
	CONDITION DI			(3, 1.	h in.	
			(A)IMMEDIATE CAU	SE J DROMONO	Mumica	
(This does not me				CONSEQUENCE OF:		
heart failure, asther						
ANIE	CEDENT CAUSES	,	(B) "			
DISEASES OR CO	ONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		// *** ** ** ** ** ** ** ** ** ** ** **
rise to the abo						
UNDERLYING COL	NDITION Iosi.		(C)			
	- 11					
OTHER SIGNIFICANT	CONDITIONS	NITRIBUTING	0.10	A		The second second
OTHER SIGNIFICANT			C.V.A			
DISEASE OR CONDIT	TON GIVEN IN PAR	RT I (A).				
19A. DATE OF OPER	ATION 19B. CON	IDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
0	WAS PER	FORMED			IN CERTIFIING C	AUSES OF DEATH?
21A. ACCIDENT WA	AS UNDERLYING	7 21R	PLACE OF INJURY (e.g. in	or obout 21C. WHERE DID	(If In Beltim	ore City, give exoct location)
OR CONTRIBUTING	CAUSE OF	hom	e, form, foctory, street, of	ice bldg., INJURY OCCUR?	(ii iii boiliiii	and and average incoment
DEATH (notify medic	ol exominer)	etc.)				
21 D. TIME (Mon	th) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY						
(APPROX.)		Wor				
20 1 11	(1) (.1.1.1			10 10 6		1/1 - 7
22. I certify that	(I) (this haspito	i) oftended th	ne deceased from &-	17 01		19 10
that (I) (we) lost	saw the decease	ed alive on	2 14	19 7 () and	that in (my) (our) or	oinion death accurred on the d
	. /		\ (W-\ (1) 1\ (1) 1			
	THE COUSES STO	red opeve. (!	/ (me) (did) (did not) v	iew the bady ofter deat	h.	
23A. SIGNATURE	V . V	_ /	~	1/		23B, DATE SIGNED
	MUN	VAL		nding Med.	Staff Phys.	2.16 70
200 81140	1	XX	GEGREE Phys		Phys. 🖵	4 10 0
23C.PHYSICIAN'S NAME (Type)			4	3D. ADDRESS		
	Dr. Sebast	tion Rue	90	5017 Harfor	d Pood Palt	n Md 71.
			UEGREE		d Road, Balt	
REMOVAL (Specify)			AME of CEMETERY OF CRE		. LOCATION	City, town, or county) (State)
Burial	2/18/70	O. Gar	dens of Faith	Cemeterv	Baltimore	. Md.
A. DATE REC'D BY HI	ALTH DEPT	258 NAME	FREGISTRAR	2SC. FUNERAL DIRECT		ADDRESS
FERINI	9/U	The American		Leonard J.	Ruck, IncB	alto, Md14
ILDIOI		13		4 6 9 6		, , , , , , ,
150-REV. 1/1/6B				0 0 0		



er per un told below libertee

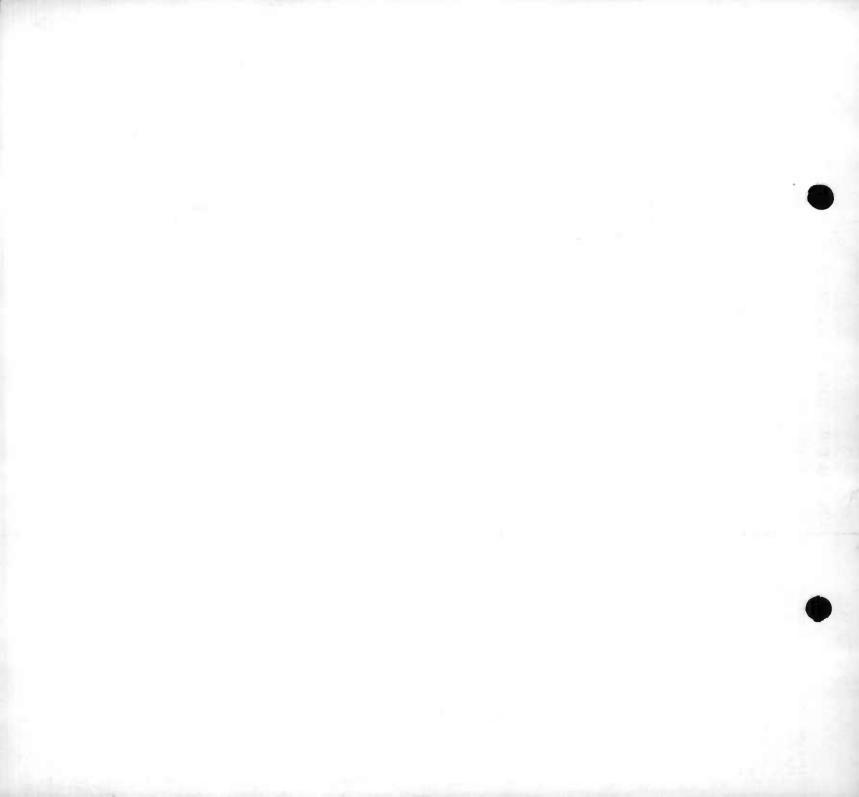
Medical to the

	1/12	m!	70 1	1945	BALTIMORE CITY HE	ALTH DEP	ARTMENT					
1	7.63		MED	ICAL	EXAMINER'S			F DEAT	Ή	70	194	15
811	RTH NO.								REG. NO.			
1.	NAME OF DE	CEASED				2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
{1A	pe or Print)		FLOREN	CE HA	ARDY	DEATH	Estimoted [6
4.	PLACE IN BA	LTIMORE, MA			NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	М
FU	L NAME OF				TUTION, GIVE STREET	5	DUNCED DEAD					-
	SPITAL	ÀDDR	ESS OR LOCA	IION)					uary 14,	1970	12:35	
	7)					A. STATE	RESIDENCE (WI	ere deceased li	B. COUNTY	: residence b	elore odmissi	on)
10	1)	2001 E	. Pres	ton St	treet		Marylan	d		>	08	
6.	SEX	7. RACE		8. MARRIE	D NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CI	Y LIMITS?		
	Female	Whi	te	WIDOWE	DIVORCED		Baltimo	re	V.	s 🛛	u _o []	
9.	DATE OF BIRT		10.AGE (In		If Under 1 Yr. II Under 24 Hrs.	E. STREET	AND NUMBER		T TE	2 (2)	ио Ц	
	March 1	7802	lost birthdo		Aonths Doys Hours Min.				Street			
			/6			100		riestor	Street			
11.	BIRTHPLACE (olote or lorei	gn country)	, s	2. CITIZEN OF WHAT COUNTRY?	13. FATHE	R'S NAME					
	Marylan	d			U.S.A.	Geor	ge Hardy					
144	USUAL OCCU	PATION (GI	e kind of work	148. KIND	OF BUSINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN N	AME				
	ome Make		ren il relired)			Manue	Manual					
	WAS DECEAS		U.S. ARMED	FORCES?	17. SOCIAL	18. INFOR	Norris		AF	DRESS		
(Ye	s, no or unknown	(Il yes, give	wor or dotes	ol service)	SECURITY NO.							
_	No	100				Mr He	ward Hard	dv 106 C	hatham I	Place	Belsir	Md
	19.	2,4-			CAUSE OF DEA	TH				API	ROXIMATE INTE	RVAL
	DISEAS	E OF COND	ITION DIREC	TIV	Arteriosc	leroti	c cardio	vascular	disease			
	2.027.0	LEADING TO		-121	4 . 11 41 50 1 4 7 5	4.1100						
	(This does n	ot meon the	mode of dy	ing, e.g.,	(A)IMMEDIATE O	S A CONSE	QUENCE OF:					
	Injury or cor	, osthenio, etc nplication whi	. It means the	diseose,								
		NTECEDENT			(8)							
	DISEASES	OR CONDITI	ONS, IF ANY	, GIVING	DUE TO, OR	AS A CONS	EQUENCE OF:					
-	UNDERLYIN	G CONDIT	ION LAST.	INO IIIE	(a)							
Ó					(c)							
CERTIFICATION	OTHER SIGN	ILFICANT COL	II NDITIONS CO	NTRIBUTI	NG							
2	TO THE DE	ATH BUT NO!	RELATED TO	THE TERMIN	IAL							
E			GIVEN IN PA								***************************************	
当	ZOA. DATE O	POPERATIO	1 208. CON	IDIIION F	OR WHICH OPERATION WA	AS PERFOR	WED			21. AUTO	SY? (Yes or	No)
										N	0	
EDICAL		NAL CAUSE		22	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, office	in or obout	22C. WHERE DI	O (II in Boltimo	re City, give exoc	t location)		
ă	UNDERLYING UTING CA			he	ome, lorm, loctory, street, office	e bldg., etc.)	INJURY OCCUR	7				
	22D. TIME		oy) (Yeor) (Hour)	22E, INJURY OCCURRED		22F. HOW DID	NILIPY OCCI	192			
	OF INJURY		(1000)	, (,		WHILE C		majori occi	OK.			
	(APPROX.)			រា	. WORK AT W							
Н	23.											
П	I cert	ify that I h	eld on Ir	quiry [_]	Inspection X Au	apsy [and that an	this basis,	death in my	platon		
	resul	red fram: N	latural caus	ses X	Ascident Suicid	е 🗌 н	amicide	Undetermi	ned manner			
н		n1	2 /1	0	11.		CHIEF MEDICA	LEXAMINER				
	ACTUAL	()	11/0-)	- Ci	ASS	ISTANT MEDICA	LEYAMINED	包		DATE SIGNE	D
	SIGNATI		4400	2 0	M.D.	•						
	EXAMIN NAME (1	ck.2 Ch	arles	S. Spi	ingate, M.D.	ASS	OCIATE MEDICA	LEXAMINER	L Febr	cuary	15, 197	0
24	BURIAL CREA	MATION. 12	48. DATE		24C. NAME of CEMETERY	or CDEMAT	OPY 124	D. LOCATION	(Cu.)-		(0)	
RE	MOVAL (Speci	(y)			THE OF CEMETER !	UI CREMAI	24	D. LOCATION	(City, lown,	or county)	(Stote)	
	Burial		2/17	/70	Cokesburg			Abingto	n U		Ma/	
The second	A. DATE REC'D	BY HEALTH	DEPT.	258_NA	ME OF REGISTRAR	25C.	FUNERAL DIREC	CTOR	n, Harfo	DRESS	ua/	
	FFR1	2 1070	0.00	E. Jan	// 10 71				Da7 L			
	LFDT	שוקו כ	20000			TO	onard J R	uck inc	• Baltim	ore Ma	ryland	

Eust, L. derak elizo Tim Tallett was the most and only offer all frames at anuanser of the Anna Access Brotze Congration beerges a seed fall and slot a branco.

		CITY	HEALTH DEPARTMENT		10.10
BIJ	11110.	ICA	TE OF DEATH	REG. NO.	70 1946
	DE TOHN BOX. KAVANAG	Н	2. DATE AND H	1 . / 1	701 3.20 Pu
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where dec	eased lived. If institu	tion; residence before admission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		MD. BA	LT IMORE	2.73/ CITY LIMITS?
	MD. CIEN. HOSPITAL		Ballimore	YE	S NO
4	18			ve Av	e Md 21214.
	MARRIED NEVER MARRIED WIDOWED DIVORCE		5/3//1905	66	Under 1 Yr. If Under 24 Hrs. enths Doys Hours Min.
10A	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDI	USTRY	11. BIRTHPLACE (State or foreign co	ountry)	2. CITIZEN OF WHAT COUNTRY?
-	etired Salesman Retd.		Md.		u.s.
13.	Jane D. Karangh		14. MOTHER'S MAIDEN NAME Honorah	rive.	
15. (Ye	Wos Deceosed Ever in U. S. Armed Farces? s,no or unknown) (if yes, give war or dotes of service) 16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS
	No 216-10-230	80	Mrs Catherine Kar	vanagh	Same
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE (A)IMMEDIATE (A)IMMEDIATE (A)IMMEDIATE (B) IMMEDIATE (A)IMMEDIATE (B) IMMEDIATE (A)IMMEDIATE (B) IMMEDIATE (B) IMMED	201	CHOPNELY-NIA	A .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	heort failure, asthenia, etc. It means the disease, Injury or complication which coused death.)	OR AS	ACONSEQUENCE OF:	GIENA	425
	DISEASES OR CONDITIONS, if ony, giving DUE TO, C	OR AS	A CONSEQUENCE OF:	*	***************************************
	rise to the above couse (A) stating the UNDERLYING CONDITION lost.		English (EAR)	and.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	feni	o Schenki Cardió	Vaula D	June.
CERTIFICA	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A-AUTOPST? (Yes or No) 20E IN	CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, form, loctory, streetc.	(e.g., in	or obout 21C. WHERE DID	(if in Boltimore Ci	ty, give exoct location)
MEDI	21D-YIME (Month) (Doy) (Yeor) (Haud) 21E INJURY OCCURRET OF INJURY (APPROX.) While AI Not Work At	While Work	21F. HOW DID INJURY	OCCUR?	
	22. I certify that (1) (this hospital) attended the deceased fram.		115 70 \$	ta	2 16 1970
	that (I) (we) last saw the deceased alive on	11	6/19/70 and that In	(my) (aur) apiniar	death occurred an the date
	and haur and fram the causes stated above. (1) (We) (did) (did r 23A. SIGNATURE	nat) vi	ew the body after death.	123 (B. DATE SIGNED
	mohama & al- 16 orli OEGREE		nding Med. Staff Director Phys.	D'	2/16/1970
	23C. PHYSICIAN'S NAME (Type) M. S. AL- 183RAZZ M.	EGREE	Md. Gener	of Hopi	hal.
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY C		MATORY 24D. LOCAT	ION (City, to	own, or county) (State)
_	Burial 2/20/70 New Cathedra	1		imore, Mary	
25	FFR 1 8 1970 Puber & Janbery 16.0	0	25C. FUNERAL DIRECTOR Leonard J. Ruck	Inc. Balti	more, Maryland
VS	150-REV, 1/1/68	-			

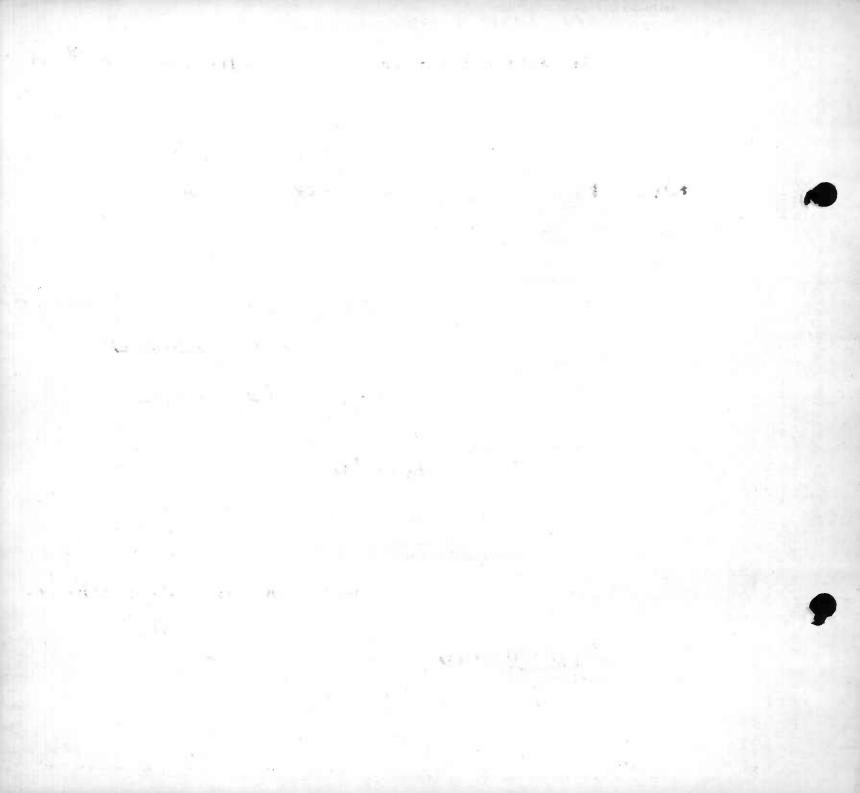




NON-MED

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



M -600 70 1952 BALTIMORE CT	TY HEALTH DEPARTMENT
BIRTH NO. 1. NAME OF DECEASED CERTIFICATION	ATE OF DEATH REG. NO. 70 1952
(Type or Print) FRANK M MURRAY	2. DATE AND HOUR OF DEATH2 = 13-70
PULL NAME OF INF NOT IN HOSPITAL OF INSTITUTION, GIVE STREET 3	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY A. STATE A. STATE B. COUNTY A. STATE A. STATE B. COUNTY B. COUNT
BALTIMORE U.S. PH.S HOSP 23100 WYMAN PARE DE	E. STREET AND NUMBER D. INSIDE CITY LIMITS? YES NO
. 1 BAST IMD 21207	POPE ROAD
5. 5EX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE an years 12 - 19 - 12 Ost birthdoy Months: Doys Hours Min.
done during most at working life, even if retired) AMER. SETTON MERCHANT MARINE 13. FATHER'S NAME ARTIFUR MURRAY	ANNA BOLL WALTOR
15. Was Daceased Ever in U. S. Armed Forces? (If es, no or unknown) III yes, give war or dates of service) LINDER DECEMBER NO. 281-51-7935	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury or complication which coused death.	S A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	CECL CO OF LUNG-
I inse to the obove couse (A) stating the	S A CONSEQUENCE OF:
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED OR CONTRIBUTINO CAUSE OF homo, lorm, foctory, street, of DEATH (notify medical exeminar)	ONE
19A. DATE OF OPERATION WAS PERFORMED WHICH OPERATION	20A. AUTOPSY? (Yos of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	in at obout 21C. WHERE DID office bldg., INJURY OCCUR? (If In Baltimore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While Al Work (APPROX.) While Al Work 22. Certify that (1) (this beside) attended the decree of the second of the decree of the second of the decree of the second	21F. HOW DID INJURY, OCCUR?
O The local tree deceased from	APRIL 26 19 69 10 FOB 13 1970
that (I) (we) last saw the deceased alive on FEB 13	19 and that (n(my) (our) opinion death occurred on the date
and haur and fram the couses stoted obave. (1) (We) (did) (did not)	ending Stoff Stoff
23C. PHYSICIAN'S NAME (Type) OH W DEGREE Physician Degree Physician Caracteristics of Caracteristics o	23D. ADDRESS 3100 WYMAN PK DV BATIMORE MD
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	
Burialy 2-18-70 Talbot Cen 25A. DATE REC'D BY HEALTH OFFI 155E WAME OF TEOSTRAR FEB 18 970 Walley & Jaben 4.0	etery Hilton Head, S.C.
VS 150-REV. 1/1/68	Kelson FM. 1348 Cachon St.

Letter from U.S.P.H.S. Hospital 3-9-70 M.H.

Kelson F

Ca houn

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

S-200 70 1954 BALTIMORE CIT	TY HEALTH DEPARTMENT	70 4054
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.	70 1954
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution	1 3 P. M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARY (AND)	11-25
HOSPITAL OR ADDRESS OF LOCATION	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
72	E. STREET AND NUMBER	No 🗆
SINAS HOST, BALTO,	2305 ALLENDALE	R) #/6
6. RACE NARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If U Mont	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even it refired)	Y 11. SIRTHPLACE (State or loreign country) 12.0	TITZEN OF WHAT COUNTRY
	. 47. C.	71.5.4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.6.77
15. Was Deceased Eyer in U. S. Armed Forces? 9 16. SOCIAL	Thay	
(Yes, no or unknown) (If yes, give war or dates at service) SECURITY NO.	17. INFORMANT	ADDRESS
18. CAUSE OF DEA	THE CHURTA ROFTOR - 230	2 Clendale APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	BETWEEN ONSET AND DEATH
(A) IMMEDIATE CA	A CONSEQUENCE OF:	4 days
injury at camplication which caused death.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	5 A CONSEQUENCE OF:	***************************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.	Manal diagram	
(c)	The state of the s	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	schotio Heart street	
DISEASE OR CONDITION GIVEN IN PART 1 (A). WAS PERFORMED	20A. AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S CONSIDERED
<u> </u>		
OR CONTRIBUTINO CAUSE OF ham, lactory, street of DEATH (natify medical examined)	lifice bldg. INJURY OCCUR? (If In Boltimare City, s	ilve exact lacation)
21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX1 While At Wark		
22. I cestify that (Withis hospital) attended the deceased from		(6/20 19
that (1) (we) last saw the deceased olive on 2/16/2	and that in (psy) (aur) apinion de	ath accurred on the date
and have and from the causes stated above. (H (We) (did) (did nat) v		ATE SIGNED
because Phy	ending Med. Staff	2/16/20
23C. PHYSICIAN'S NAME (Typel	23D. ADDRESS	7.11
24A. BURIAL CREMATION, 24B. DATE 24C. NAME at CEMETERY ag CR	EMATORY 24D. LOCATION (City, Igwn.	
REMOVAL (Specify) Puring 2-21-70 Church (Cam	24D. LOCATION (City, lawn,	ar cauntyl (State)
25A- DATE REC'D BY HEALTH DEPT. 25B, MAMO OF REOKTRAR	25C. FUNERAL DIRECTOR L. P. Bailey	ADDRESS C
LED TO DIO 16659 ST ASSESS MAN	Kolson & H. 1348 CA	elour It.

Sun Hosp. Bulle DIES ACLENDALE , 112/96 75 and the same of Chione sheet deep a artisticate Hert duce 00/0/20 00/01/20 1/4/4 a. Da'V enny

IMPORTANT

DIRECTOR:

FUNERAL

. . IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

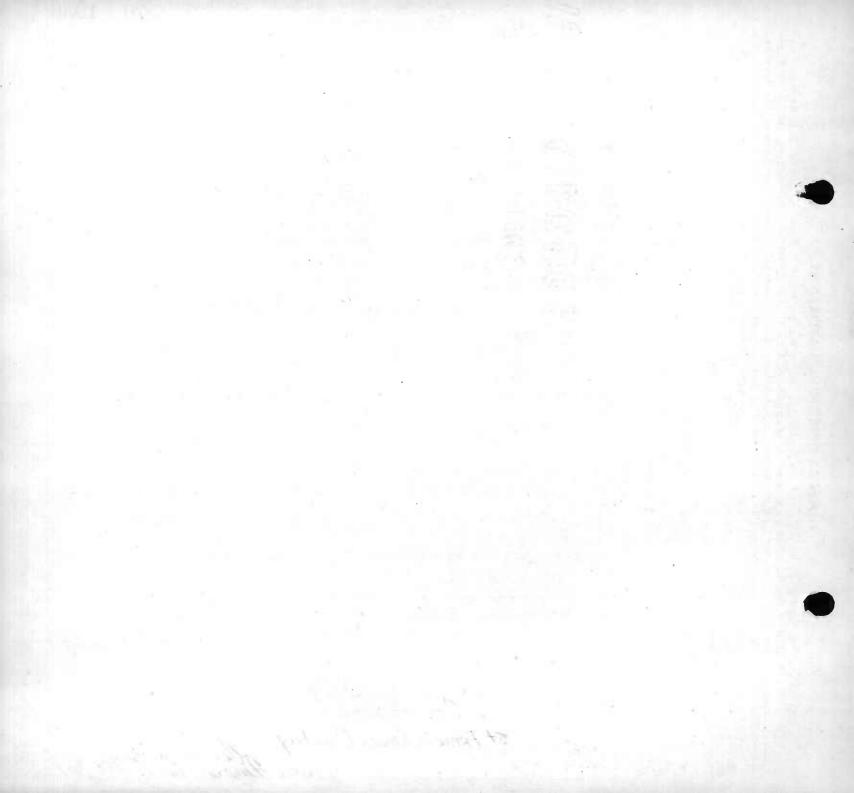
BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

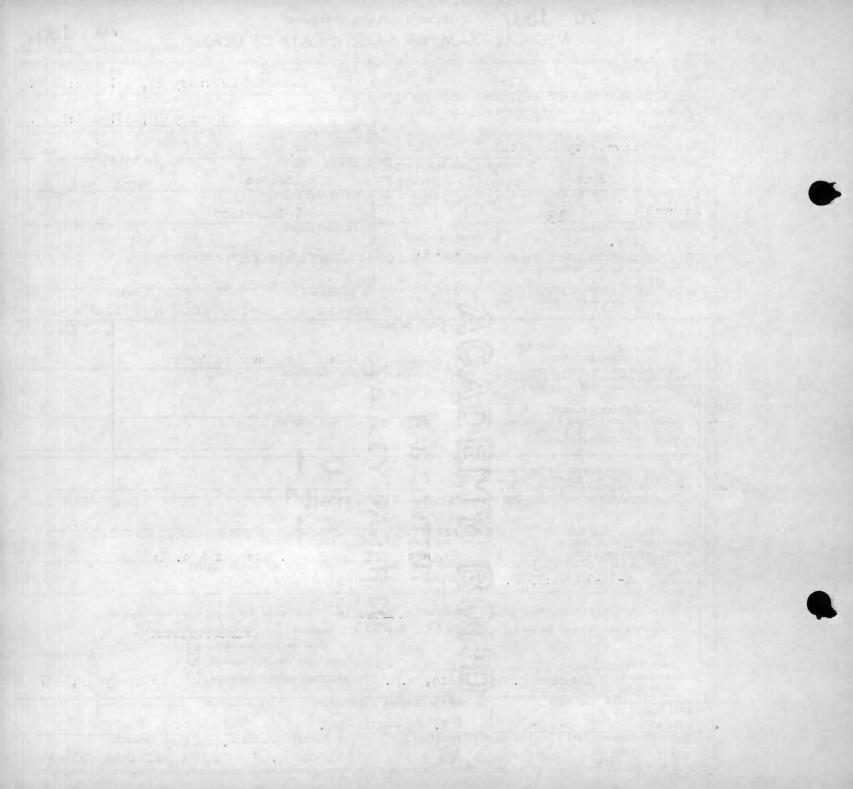
If Under 24 Hrs. Hours Min.



Kelson F.H.

VS 151-REV. 7/1/68

1348 Calhoun Street



24C. NAME of CEMETERY OF CREMATORY

Cem.

Melson F.H.

Mt. Auburn

256 NAME OF REGISTRAR

24D. LOCATION

25C. FUNERAL DIRECTOR V. Balle LADDRESS

(City, town, or county)

1348 Calhoun St.

Baltimore, Maryland

(Stote)



24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPTO

REMOVAL (Specify)

VS 151-REV. 1/1/68

Burial

248. DATE

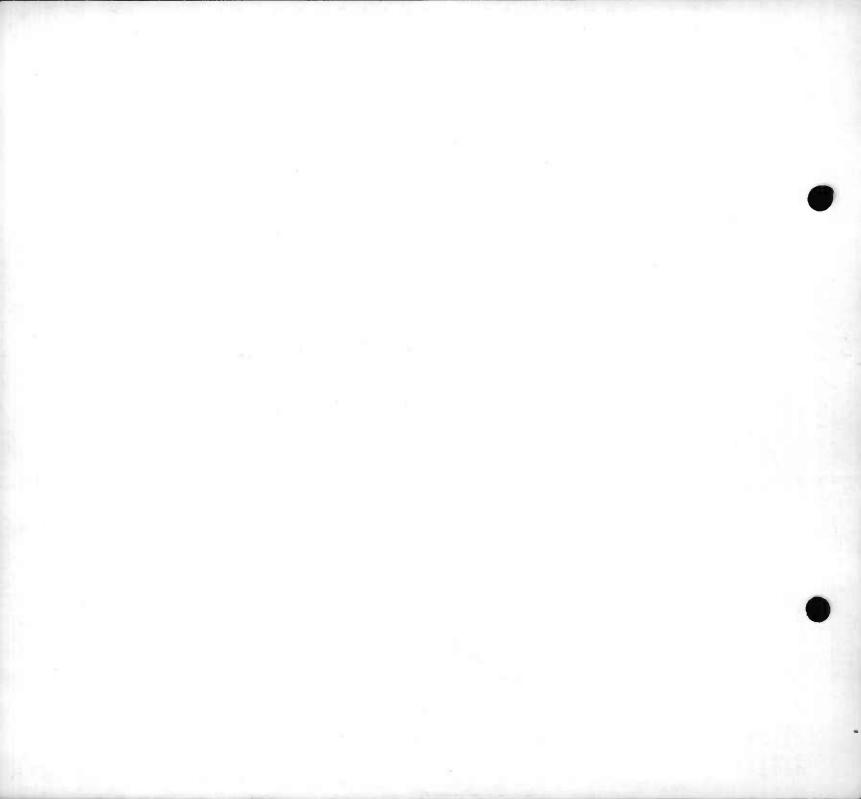
2-20-70

BOAL STATE OF THE STATE OF CARL TARE TO LETT THE COLUMN TO SERVICE THE

2 1 5%

and the second s

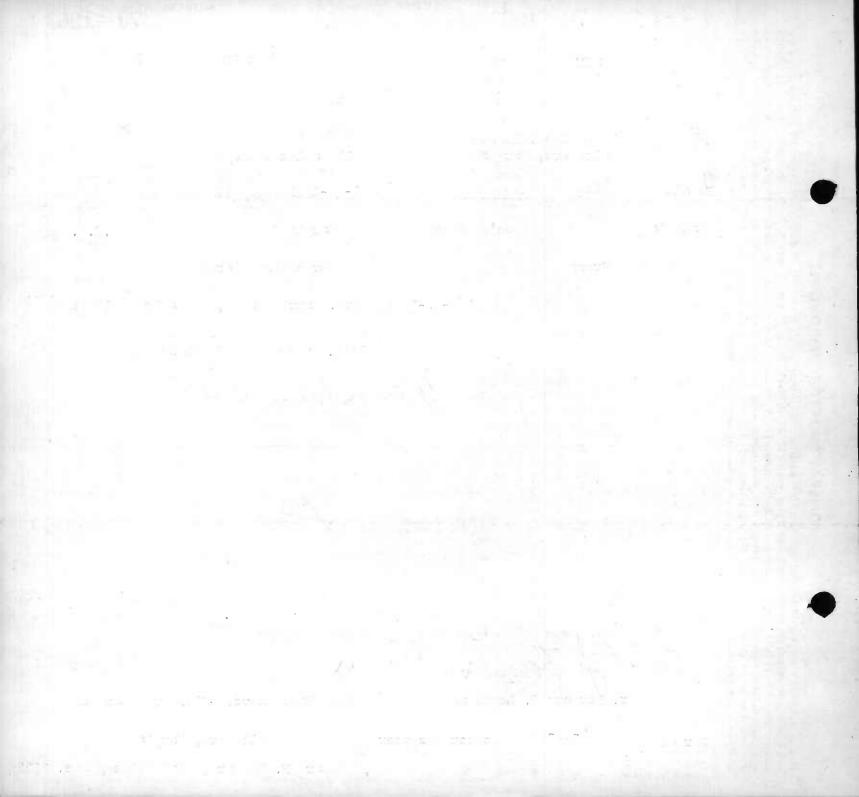
1	4-125 70 196		CATE OF DEATH	REG. NO	70 1961			
-	ITH NO. IAME OF DECEASED	CERTIFIC						
	HOPSON, Ethel			L6/70	1 5:30 P			
	PLACE IN BALTIMORE, MARYLAND, WHERE PL	ONOUNCED DEAD		deceased lived. If in	stitution: residence before admission)			
H	LL NAME OF (IF NOT IN HOSPITAL OR I) STRITUTION (IF NOT IN HOSPITAL OR I) ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	c.city or town Baltimore					
	The Johns Hopkins Hos	spital	E. STREET AND NUMBER 2417 E. Bido	ile Street				
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED		AGE (In years ost bitthday)	If Under 1 Yr If Under 24 Hrs.			
		WED DIVORCED	1 6/18/17	52	Months Days Hours Min.			
don	USUAL OCCUPATION (Give kind of work 108, KIN offering most of working life, eyen if retired)	D OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	10(.,7.0			
15	William Epps		alia D	uncan				
(Ye	Was Deceased Ever in U. S./Armed Forces? ,,na arunknown) (If yes, give war or doles of sen	SECURITY NO.	17/INFORMANT	1000 - 2	417 C Bille H.			
	18. 23 0141	CAUSE OF DE	ATH		APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY		(11.1.0)	1.0	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc., it means the dis-	e.g., (A) IMMEDIATE O		caultal				
	injury or camplication which caused death.)	11	acquietin					
	ANTECEDENT CAUSES	(B) diak	etes, HASCVD					
	DISEASES OR CONDITIONS, if any, gase to the above cause (A) stoling UNDERLYING CONDITION (ast	the (C)	AS A CONSEQUENCE OF:					
	11	(0/			***************************************			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL	***************************************					
CERTIFICATION	19A-DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	NO	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?			
	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e. home, form, foctory, street, etc.)	office bldg. INJURY OCCUR?	(II In Boltimore	City, give exect location)			
MEDICAL	210-TIME (Month) (Doy) (Year) (Houd OF INJURY (APPROX.)	21E INJURY OCCURRED While At I No! W		RY OCCUR?				
	22. I certify that (I) (this hospital) attend		, , , , , , , , , , , , , , , , , , ,					
	that (I) (we) last saw the deceased olive		19and that	- In(my) (our) anin	lan deoth occurred on the dote			
	and hour and from the couses stated above	A		$(D \cap D)$	and decit occolled ou the dote			
	23A. SIGNATURE	Control of the state of the sta	y view the body offer deoffis	(DOIT)	23B, DATE SIGNED			
	James of Jalon	L _ []	Attending Med. Sirbys. Director P	haff	2/17/70			
	23 HYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		0/1/10			
		en, M.D.	The Johns Ho	opkins Hos	spital			
24A		C. NAME of CEMETERY OF	(GE)		y, lown, or county) (Stote)			
25A	DATE REC'D AY HEALTH DEPT. A 1 25 NA	ME OF RESTRAR	25C. FUNERAL DIRECTOR	" 1	ADDRESS A			
-	FRIA DIA MODER -	al	Bru Ele	ctoon 112	9 n. Cardnett.			



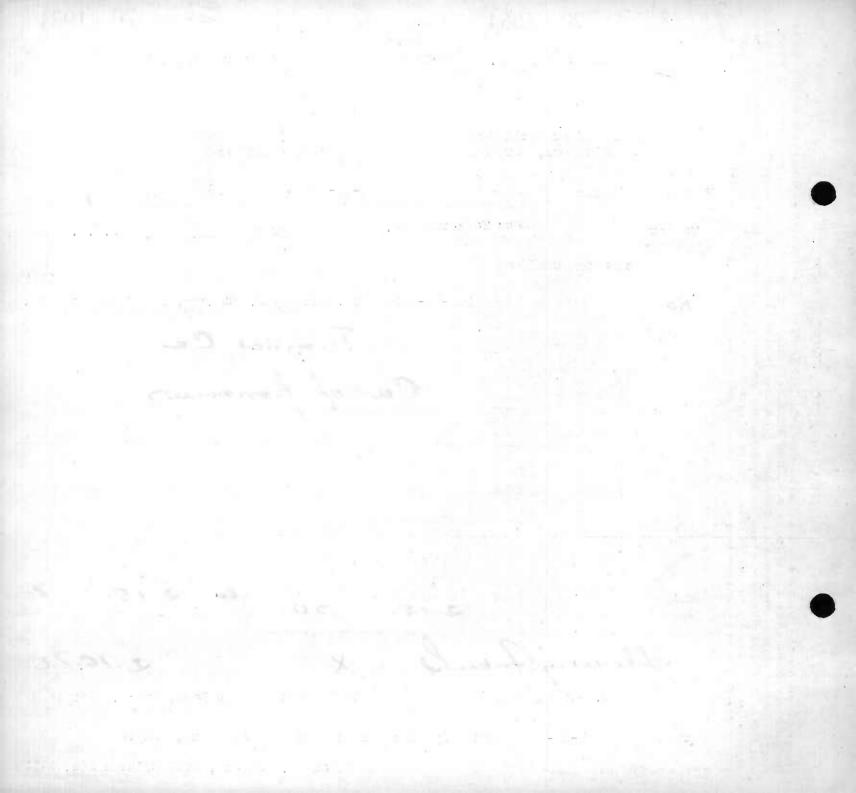
BALTIMORE CITY HEALTH DEPARTMENT

. I with the later than the - ------District to the contract of the contract of GI bleeding Fribility Carlinis alser Steel story Road insuppliering Contact the series and the series 2/11/2 GET A SUNDAN 186662000 Bellmer Mid 2005

1,	0 - 190	1000	BALTIMORE CITY	HEALTH DEPART	MENT		PHO	1000
	20 70	1963	CERTIFICA	TE OF DE	ATH	REG. NO		1963
SIRTH NO. I. NAME OF DEC Type or Print)	EDITH	GROS	3	2.		d Hour of Deat	1970	11 to P.
PLACE IN BA	TIMORE, MARYLAND, W			4. USUAL RESIDE	NCE (What	e deceased fived. If	institution: res	sidence befare admission.
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET	Maryland c. city or town			ISIDE CITY LIA	55/ MITS?
016	07 0 11	*** 4 1 -		Baltimore			YES 🔀	NO 🗌
	27 Oaklee	_		E. STREET AND N			- 2.5	
	Baltimore,	Marylar	nd	27 Oakle	ee Vil	lage		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	If Under Manths	1 Yr. If Under 24 Hrs Days Haurs Min.
emale	White	WIDOWED [DIVORCED	2- 8-1893		77		
	UPATION (Give kind of war	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	tate ar farei	gn cauntry)	12. CITIZ	EN OF WHAT COUNTRY
one during mast al Saleslad	warking life, even if retired)	Rice's	Bakerv	Maryla	and		I	J.S.A.
FATHER'S NA	~	ILLOC 5	D-RCL y	14. MOTHER'S MA		ME		
Augus		3	11 / 20 01 11	Ernes	stine	Warni		ADDRESS
es, na ar unknaw	d Ever in U.S. Armed Far (If yes, give war ar date	rces? es af service)	SECURITY NO.	17. INFORMANT				ADDRESS
No			214-03-2999	Mrs. Carr	rie Da	vis, 27 Oa	klee Vi	11age 21229
OTHER SIGNITO THE DEAD DISEASE OR 19A. DATE OF CONTRIBUTION OR	ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) G CONDITION last. I FICANT CONDITIONS CO OTH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	ony, giving stating the ONTRIBUTING HE TERMINAL RT 1 (A).	(C)VHICH OPERATION PLACE OF INJURY (e.g., i e, farm, factory, street, o'	20A. AUTOPSY?	a ERE DID	IN CERTIFYING C		CONSIDERED DEATH?
				015 11011				
OF INJURY	(Manth) (Day) (Year)		TO Not While		A DID INT	URY OCCUR?		
(APPROX.)		Wai					,	-
that (I) (we	er p	ed alive an	2 /5)(We) (did) (did nat) Attended Phy	ending Med S. Med Direction 23D. ADDRESS	and the er death.	Shoff Phys. ve, Baltim	23 B. DAT	h accurred on the do
24A, RIPIAL CB	EMATION, 248, DATE		DEGREE				(City, tawn, a	-
REMOVAL	(Specify)		STATE OF CENTEREN OF CR					
Burial	2-19-7	MCS	stern Cemeter			timore, Ma	ryland	
SA. DATE REC'	D BY HEALTH DEPT.	2SB. NAME C	F REGISTRAR	25C. FUNERAL				ADDRESS
EB 181	3/1 Jason E.	Jawen A	(B)	, Howard	H. Hu	bbard, 410	7 Wilke	ens Ave. 2122
/S 150-REV, 1/1	/68		0 0 1	-0 0) /			

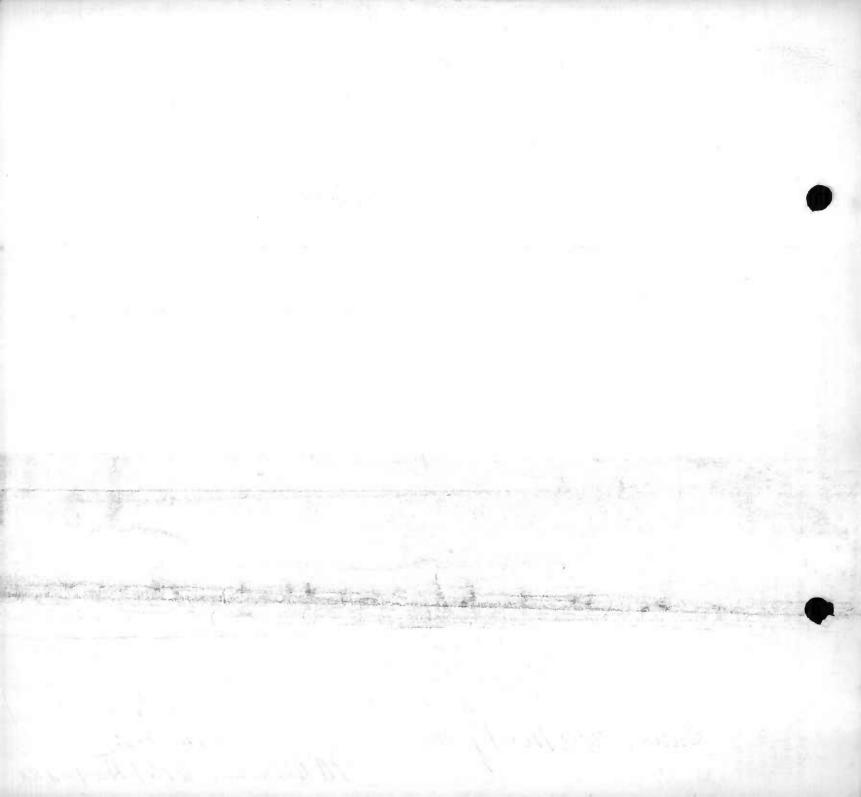


100 - 20			BALTIMORE CITY	HEALTH DEPARTMENT		200
BIRTH NO.	70	1964	CERTIFICA	TE OF DEATH	REG. NO	70 1964
1. NAME OF DECE (Type or Print)	MILDRED	C.	MADISON	Feb	ruary 15, 1	
3. PLACE IN BALT	MORE MARYLAND,	WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (WH A. STATE 8. COU	ere deceased lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP ADDRESS OR LO	MTAL OR INSTITU CATION)	JTION, GIVE STREET	Maryland c. CITY OR TOWN	D. tNS	DE CITY LIMITS?
00	563 Thorn Baltimore		-	Baltimore E. STREET AND NUMBER Thornfiel	d Road	YES X NO .
				363		
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female	White	WIDOWED		1-17-1916	54	
	PATION (Give kind of we orking life, even if retired	n i	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Tailor	, , , , , , , , , , , , , , , , , , , ,	Haas Ta	ailoring Co.	Maryl	and	U.S.A.
13. FATHER'S NAM	1E			14. MOTHER'S MAIDEN NA		
T	omiomi- Oh	off				
	enjamin Ch		1 6. SOCIAL	17. INFORMANT		ADDRESS 21229
	(If yes, give wor or do		SECURITY NO.			
No	^		215-24-1039	Mr . Anthony J	. Madison, 5	63 Thornfield Rd.
18. 1 5 7	9 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION I	DIRECTLY		7	10	
	LEADING TO DEAT	Н	(A) IMMEDIATE CAL	ISE / Exmosma	of Con	
	ol meon the made asthenia, etc. Il mea			A CONSEQUENCE OF:		
	plicalian which caus			1. 0		
A	NTECEDENT CAUS	ES	(a	of for	neries	>
DISEASES O	R CONDITIONS, if	anv. aivina	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the	obove cause (A					
UNDERLYING	CONDITION lost.		(c)			
7	II					
	CANT CONDITIONS C					
	OPERATION TIPE CO		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF		ERFORMED	WHICH OFERATION	A010131,1100	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDEN	T WAS UNDERLYING	21R	PLACE OF INITIRY (e.g.,	in or obout 21 C. WHERE DID	(If In Boltimor	e City, give exoct locotion)
OR CONTRIBU	TING CAUSE OF	horr	ie, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(,, ,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,	
O DEATH (notify	medical exominer					
O 21D. TIME OF INJURY	(Month) (Doy) (Yea		INJURY OCCURRED	21F. HOW DID IN	AJURY OCCUR?	
(APPROX.)		Wh	ile At Not Whi			
22 +if	that (1) (this hospit	tol) ottended t	he decaded from		1960 to 2	15. 1960.
				10 7 0		nion death occurred on the date
						nion death occurred on the dote
ond hour and	fram the causes s	toted obove. ((We) (did) (did not)	view the bady ofter death	le .	
23A. SIGNATIO	RE					23B. DATE SIGNED
4	bereely	1 (pork	DEGREE Phy	ending Med. Director	Staff Phys.	2.16.70
23C. PHYSICIA	N'S		/ DEGREE	23D. ADDRESS		
NAME (T)	Dr. Stanl	ey Ankud	as	1101 Maiden C	hoice Lane,	Balto., Maryland
24A. BURIAL CREA	MATION, 24B. DATE		AME of CEMETERY OF CR			ity, town, or county) (Stote)
REMOVAL (S	pecify)					
Burial	2-18-		t Holy Redeem		Baltimore, M	
2SA. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
FFD 1 0 40	70.00	Ra. Re. J	42	Howard H. Hu	bbard, 4107	Wilkens Ave. 21229
				1 1 1 1	1	

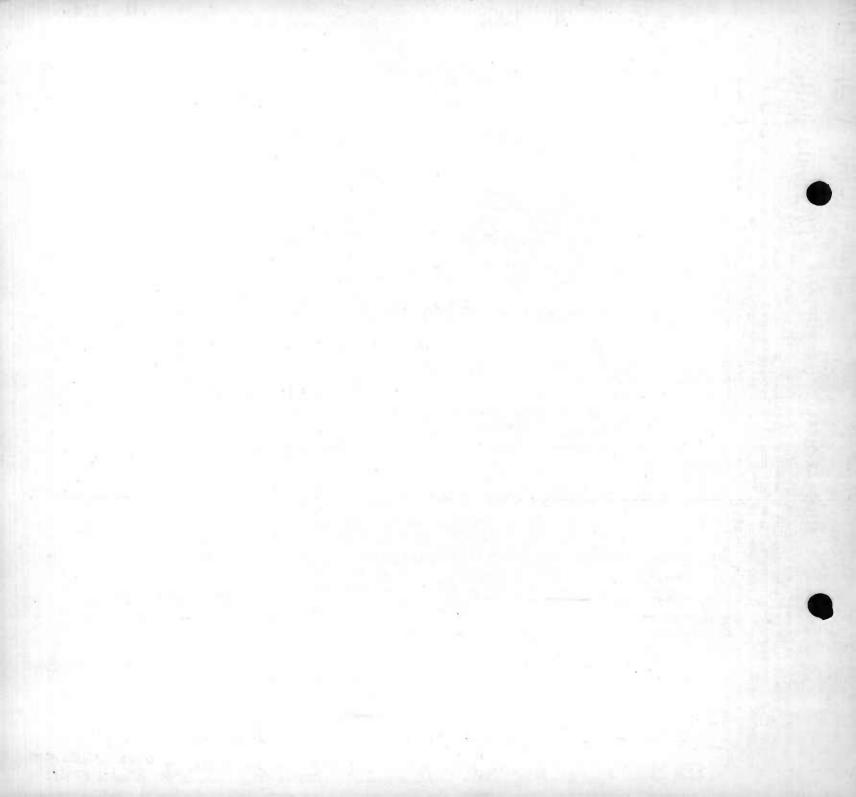


1/-530 100 400	BALTIMORE CITY	HEALTH DEPARTMENT		100 1000	
BIRTH NO. 70 198	CERTIFICA	TE OF DEATH	REG. NO.	70 1966	
1. NAME OF DECEASED	1 1 6	2. DATE AND	HOUR OF DEATH	- 5%	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	DOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, II in	stitution; residence before ad	M.
		4. USUAL RESIDENCE (Whele			inission/
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
Maroland Hen	and Keep	Ballimor	e	YES NO	
Margiana Ven	era strings	E. STREET AND NUMBER	1 +	- 01	
5. SEX 6. RACE 7. MARI	MED ALTHUR ALL DATE TO	8. DATE OF BIRTH 19.	AGE (In fodis	_ 37 .	
F WIDON	VED DIVORCED	1/1/92	it birthday)	If Under 1 Yr. II Under Months Doys Hours	24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINI done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	country)	12. CITIZEN OF WHAT CO	DUNTRY?
Housewite	UN CORSERL	Coland		IISA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Frank Wigtrow	ski	Maryanna	Cyga	niek	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	00	ADDRESS	
No	214-14-3001	Charl			
18.4/8/91	CAUSE OF DEAT	Н		APPROXIMATE INT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	U.S. 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	Raddia D.	-t. B		
(This does not mean the mode of dying, heart failure, asthenia, etc. it means the dise	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	iralorgie	man.	
injury at complication which caused death.)	1		U		
ANTECEDENT CAUSES	(B) AS	CUD			
DISEASES OR CONDITIONS, if any, girnse to the above cause (A) stoling	ring DUE TO, OR AS	A CONSEQUENCE OF:			100000
UNDERLYING CONDITION lost.	(c)				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	· 7	. I a ch			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL DIVERTI	culo is the	anama	an a	
UNION DATE OF OPERATION LIVE CONDITION DE	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OB, IF YES, WERE F	INDINGS CONSIDERED	
= None	210.0	100	N CERTIFYING CAU	SES OF DEATH? YES	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21& PLACE OF INJURY (e.g., in home, farm, factory, street, of elc.)	ice bldg., INJURY OCCUR?	(II In Boltimore	City, give exact location)	
21D. TIME (Month) (Dov) (Year) (Houd	21 & INJURY OCCURRED	21F. HOW DID INJUR	Y O CCUR?		
S OF INJURY	While At Not While Work				
22. I certify that (i) (this hospital) attende		76/70 10	. 2	11/10 10	
that (i) (we) last saw the deceased alive	1	17	In (my) (our) on in	Ion death occurred on the	ha data
and hour and from the causes stated above			in (in)	ion death occorred on th	ie date
23A, SIGNATURE	4-0			23B, DATE SIGNED	
J- J. Older	THE DEGREE Phys	nding Med. Sto	ff. [4]	2/17/70	
23C, PHYSICIAN'S NAME STYPE	2	3D. ADDRESS	1 .0	0 11	
Joseph Conso	DEGREE	marylan	den	eral Horas	rtal
LEMOVAL (Specify)	NAME OF CEMETERY OF CRE	2	ATION (City	, lown, or county) (S	Stote)
25A. DATE REC'D' BY SHEALTH DEPT. 25B, NAM		-AUS DO	NUDALK	MD.	
FFR 1 9 1970 Pole BE Jal	LE OF REGISTRAR	John In Wal	4.5. 4	01 5. Chester	SX.
VS 150-REV. 1/1/68		No to	1 John A		





BALTIMORE CITY HEALTH DEPARTMENT



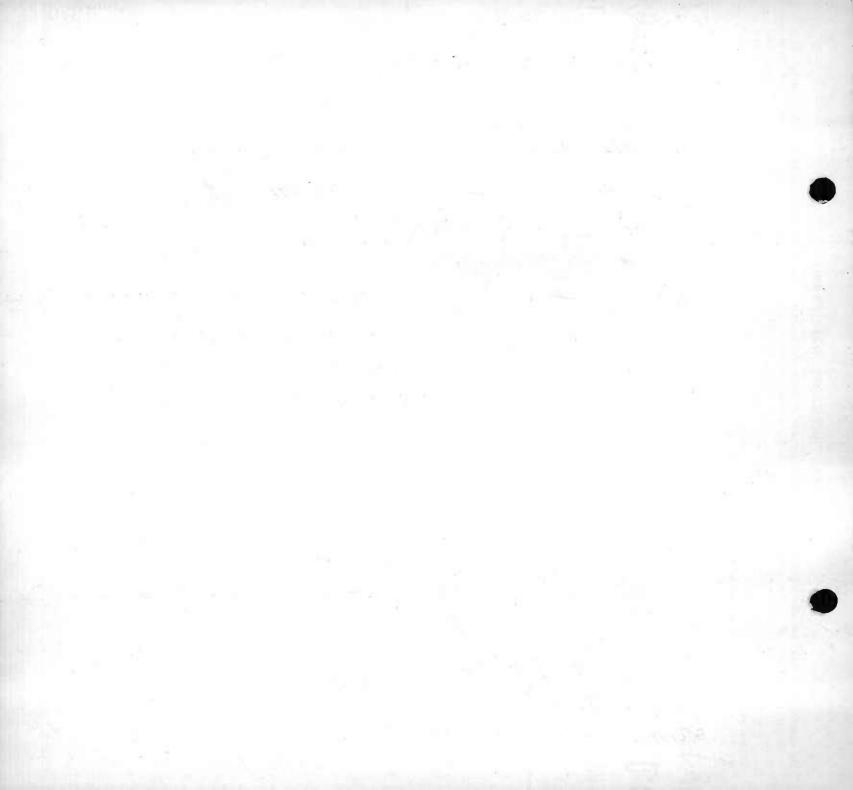
VS 151-REV. 7/1/68

1120118

al or profession of the ar-

FUNERAL DIRECTOR: IMPORTANT

11	1/1 / AA A OP!	BALTIMORE CITY			1010 4 (1) // 1				
RIPI	70 1970 THE NO.	CERTIFICA	TE OF DEATH	REG. NO	70 1970				
	DAME OF DECEASED Per or Print) FRANK X.	MAIER	2//	,,,-	13/00 P M.				
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	e deceosed lived. If in TY	stitution: residence before admission)				
FUI	LL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	M		1203				
INS	319 F. 29h		C. CITY OR TOWN	D. INS	YES NO NO				
0	111		E STREET AND MUMADED	-1					
	BAITO, Md		319 E. 2	9 12 ST.					
5. S	6. RACE 7. MAR	RIED NEVER MARRIED	1 ,	7. AGE (In years last birthdog)	(f Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.				
		WED DIVORCED	8723/1891	18					
	. USUAL OCCUPATION (Give kind of work 108, KIN e during mast of working life, even if retired)		11. BIRTHPLA CE (State ar farei	gn çountry)	12. CITIZEN OF WHAT COUNTRY?				
		RESTAURANT	Sermany		M.S.				
3.	FATHER'S NAME	n.	14. MOTHER'S MAIDEN NAM		1				
	Trank X 11	lacer	Sarah	. Kea	-				
5, V	Was Deceased Ever in U. S. Armed Farces? s,na or unknawn) (If yes, give wor or dates of sem		17. INFORMANT		ADDRESS				
	No -	214-14-0339	MRS, GERTRUSE M.	Thell 21	& E. PRESTON ST. 2120				
	18.4/0,9 1	CAUSE OF DEATH	1 1/	10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY	(Olderie	selente H	scut Vi	Resp				
	(This does not mean the mode of dying,		SE CONSEQUENCE OF:						
	heart failure, asthenia, etc. It means the dis injury or complication which coused death.)	eose, Cett	MITCH	eur					
	ANTECEDENT CAUSES	of any	Da stone	200000	ó				
	DISEASES OR CONDITIONS, if any, g	iving OUL TO, OR AS	A CONSEQUENCE OF:		3.7				
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the							
	THE THE CONDITION TOSI.	(c)	*************************************						
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL							
ERTIFIC		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
I CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.)	ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimo	re City, give exact location)				
Q.	DEATH (notify medical examiner)		21F. HOW DID INJ	Uny 0.001152					
2		IZIE. INJURY OCCURRED							
ED	OF INJURY (Manth) (Doy) (Year) (Haur)			OKT OCCOR.					
_		While At At Wark							
EDI	OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended	While At Not While At Wark At Wark		& 1 10 F	eb) \$ 19 70				
EDI	OF INJURY (APPROX.) 22. I certify that (I) (thiss-bospital) attended that (I) (we) last saw the deceased alive	While At At Work ded the deceased from the form	19 7 C and the	& 1 10 F	el 19 70				
EDI	OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and have and from the causes stated aba	While At At Work ded the deceased from the form	19 7 C and the	& 1 10 F					
EDI	OF INJURY (APPROX.) 22. I certify that (I) (thiss-bospital) attended that (I) (we) last saw the deceased alive	while At Not White At Wark At	19 7 c and the	C ta F	nian death accurred an the date				
EDI	OF INJURY (APPROX.) 22. I certify that (I) (thissheaptrat) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated abance of the course of	while At Work ded the deceased fram ve. (I) (We) (did) (did not) v	19 7 and the lew the bady after death. Med. Director	Shaff Phys.	23B DATE SIGNED Feb 14 1970				
EDI	OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and have and from the causes stated aba	while At Work ded the deceased fram ve. (I) (We) (did) (did not) v	19 7 and the lew the bady after death. Med. Director	Shoff	23B DATE SIGNED Feb 14 1970				
EDI	OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attentiat (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23. SIGNATURE 23. PHYMEIAN'S NAME (Type)	while A1 Not While A1 Wark ded the deceased fram ve. (1) (We) (did) (did at) v OEGREE OEGREE	19 7 c and the iew the bady after death. Med. Director D 300 95 50 50 50 50 50 50 50 50 50 50 50 50 50	Shoff D	238. DATE SIGNED Feb 14 (970 R Vel 2-12-14				
MEDI	OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attentiat (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23. SIGNATURE 23. PHYMEIAN'S NAME (Type)	while A1 Not While A1 Work A1	19 7 c and the iew the bady after death. Med. Director D 300 95 50 50 50 50 50 50 50 50 50 50 50 50 50	Shoff Description	23B. DATE SIGNED Feb 14 (970) Re Let 2 12 14 ity, town, or county) (State)				
EDI	OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23. SIGNATURE 23C. PHYMCIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24.770	while A1 Not While Wark A1 War	19 7 c and the iew the bady after death. Med. Director D 23D. ADDRESS FUETCL BAIT W. C. MATORY 24D. La	Shaff Decation Co	Fob 14 (970) Re Let 2 1214 ity, town, or county) (State) Md.				
MEDI	OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23. SIGNATURE 23C. PHYMCIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24.770	while A1 Not While A1 Work A1	nding Med. Director AA) TI MC MATORY 25C. FUNERAL DIRECTOR	Staff De Carion (C) Shaff O CATION (C) BA/76	238. DATE SIGNED Feb 14 1970 Re Let 2-12-14 ity, town, or county) (State) Md.				
WEDI	OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23. SIGNATURE 23C. PHYMCIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24.770	while A1 Not While Wark A1 War	19 7 c and the iew the bady after death. Med. Director D 23D. ADDRESS FUETCL BAIT W. C. MATORY 24D. La	Staff De Carion (C) Shaff O CATION (C) BA/76	23B. DATE SIGNED Fol 14 (970 Re Let 2-12+4 ity, tawn, or caunty) (State) Md.				



FUNERAL DIRECTOR:

T 124 100 1001 BALTIMORI	E CITY HEALTH DEPARTMENT						
SIRTH NO. I. NAME OF DECEASED 70 1971 CERTIF	ICATE OF DEATH X REG. NO. 70 1971						
(Type or Paint) FRIEDEL, MARY M.	FEBRUARY 15, 1970, 10:00P						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET							
ST AGNES HSOPITAL	BALTIMORE YES NO						
WILKENS & CATON AVES. BALTIMORE, MARYLAND, 21220	e. STREET AND NUMBER 904 WATERVIEW DR.						
5. SEX 6. RACE 7. MARRIED NEVER MARRIE	D 8. DATE OF BIRTH 9. AGE (in years I) Under 1 Yr. , If Under 24 Hrs						
FEMALE WHITE WIDOWED DIVORCE	p 11 21 05 lost bithday) 64 Months Doys Hours Min,						
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND done during most of working life, even if refired) HS EW I F E	MARYLAND U.S.A.						
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
HARRY COLE	ELIZABETH WALSH						
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wer or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT BALTIMORE, MD. 21229DRESS						
NO	ST AGNES RECORDS WILKENS & CATON AVES						
18. 4.10,4 CAUSE OF 1	DEATH APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	Mygcardial (Iduare . BETWEEN ONSET AND DEATH						
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATION	TE CAUSE (Infaction)						
heart lative, asthenia, etc. it means the disease	It latitue, asthenia, etc. It means the disease						
injury at camplication which caused death.)	Cowery Occline						
ANTECEDENT CAUSES	Colorely Occurred						
DISEASES OR CONDITIONS, il any, giving nise to the above cause (A) stoling the	OR AS A CONSEQUENCE OF:						
UNDERLYING CONDITION last. (C)	ASCUD						
II .							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING.	20A-AUTOPSY? (Yos or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	(e.g., in or about 21C. WHERE DID (If in Boltimore City, give exect location)						
21D. TIME (Month) (Doy) (Yoor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
(APPROX.) While AI Not Work	While Work						
22. I certify that XIX(this hospital) attended the deceased from	FERRIARY 15 19 70 to FEBRUARY 15 19 70						
that XIX(we) last saw the deceased alive on FEBRUARY	FEBRUARY 15, 19 70 to FEBRUARY 15, 19 70 15, 19 70 and that in (XX) (our) opinion death accurred an the date						
and hour and from the causes stated above (We) (did) (dyt)	by View the hady after death.						
2301 31011 10 10 10	228 DATE SIGNED						
Conero Horry Mus for	Attending Med. Staff 2-15-70						
NAME (Type)	23D. ADDRESS						
MAGEORGE S. RAK PATRICK, MD.	ST AGNES HOSPITAL WILKENS & CATONS AV						
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or county! (Stotel						
.Burial 2/19/70 Holy Cros	ss Cemetery B ltimore, Maryland						
EB 1 9 1970 The BET E. JOSE HAME OF REGISTRAR	George J. Gonce 4001 Ritchie H.y. Baltimore, Maryland 21225						
S 150 PEV 1/1/50	Baltimore, Waryland 21225						

--- (42) (-) (0 5 = | | = 17 THE REST OF THE PROPERTY SERVICES OF THE PROPERTY OF THE PROPE

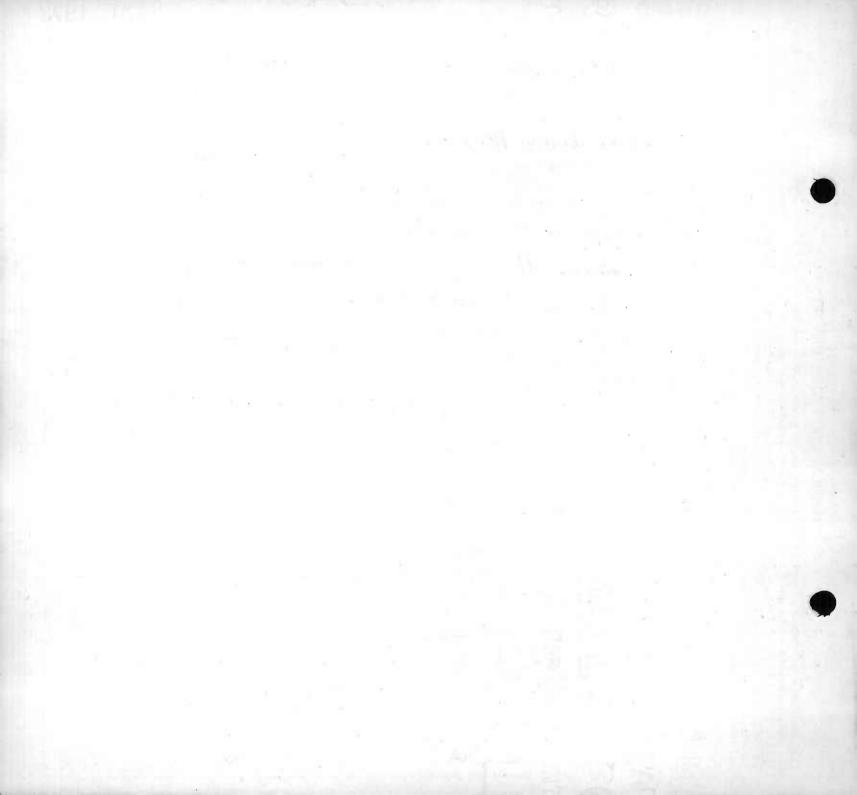
VS 151-REV. 1/1/68

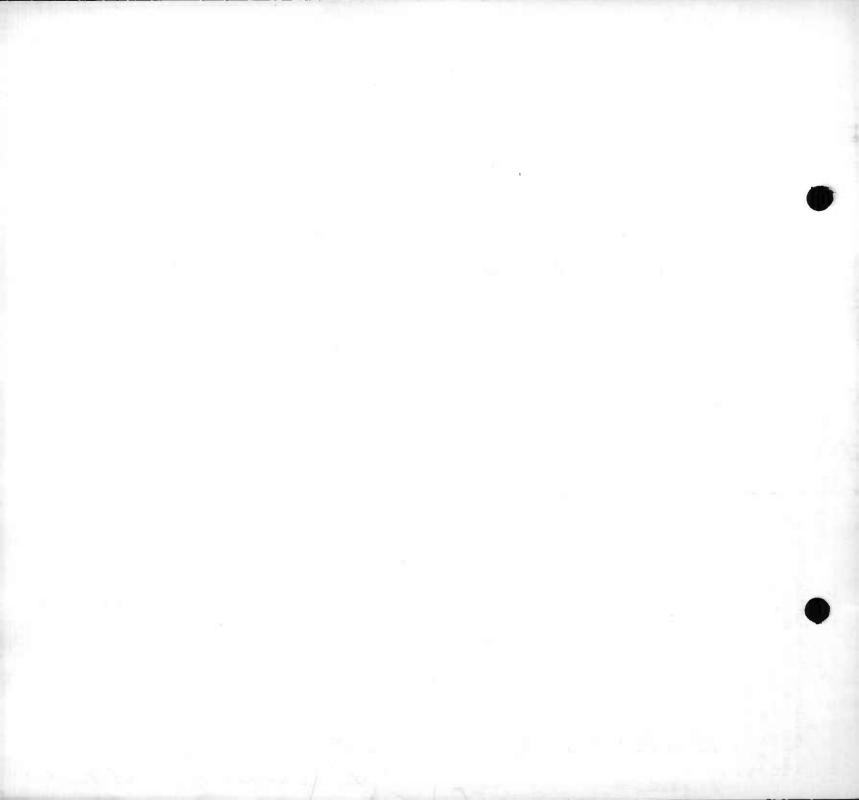
4001 Ritchie Hgy.

Baltimore.

1944年 - 1977年 - 1974年 1 - -The state of the s

0 , =>	BALTIMORE CITY	HEALTH DEPARTMENT		mio	4000
D 650 70 1973	CERTIFICA	TE OF DEATH	REG. NO	70	1973
1. NAME OF DECEASED (Type or Print) Brown a ame of S 3. PLACE IN BALTIMORE, MARMAND, WHERE PRONOUN	E	2. DATE AND 2/15	170	stitution: resider	3:10 Am.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		Maryland c. CITY OR TOWN	2121		1348
North Charles General Hosp	pital	Baltimore E. STREET AND NUMBER 1305 Union	avenue	YES P	NO 🗆
S. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 19	AGE (In years post birthday)	If Under 1 Yo Months Days	
	istruction	11. BIRTHPLACE (Stole or foreign Maryland	n country)	12. CITIZEN C	OF WHAT COUNTRY?
Brown, James H.		Peroque G	oldie_		
Yes A.F. 2	SOCIAL SECURITY NO. 20-03-8078	NCGH chart			DRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A)IMMEDIATE CAU	IL-CAT:	· Failu	BETWE	PROXIMATE INTERVAL EN ONSET AND DEATH
injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	(B) DUE TO, OR AS	DATIC CIL	enhosis		
	hoggal VARICES	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CON USES OF DEAT	Н?
OR CONTRIBUTING CAUSE OF home, etc.) DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E, IN	JURY OCCURRED	21F. HOW DID INJU		o city, give exc	
22. I certify that (I) (this hospital) attended the	At Work	1-14 11	70 to		5 19 70,
and have and from the causes stated above (1) (1) 23%. SIGNATURE	We) (did) (did nat) v	nding Med.	in (my) (aur) api	23B, DATE SIC	
24C. NAME TANDED ANILO V- SA REMOVAL (Specify) 24B. DATE 24C. NAM 24C. NAM 24C. NAM 24C. NAM	NTOS M. B	MATORY 24D. LO	Charles Cation Co	IS BEN Hy, Jown, or cou	. Hosp.
James James	RE STRAM	25C. EUNERAL DIRECTOR Rul Elehouge	unger Mul with Jr 36	15-6his	doness full free





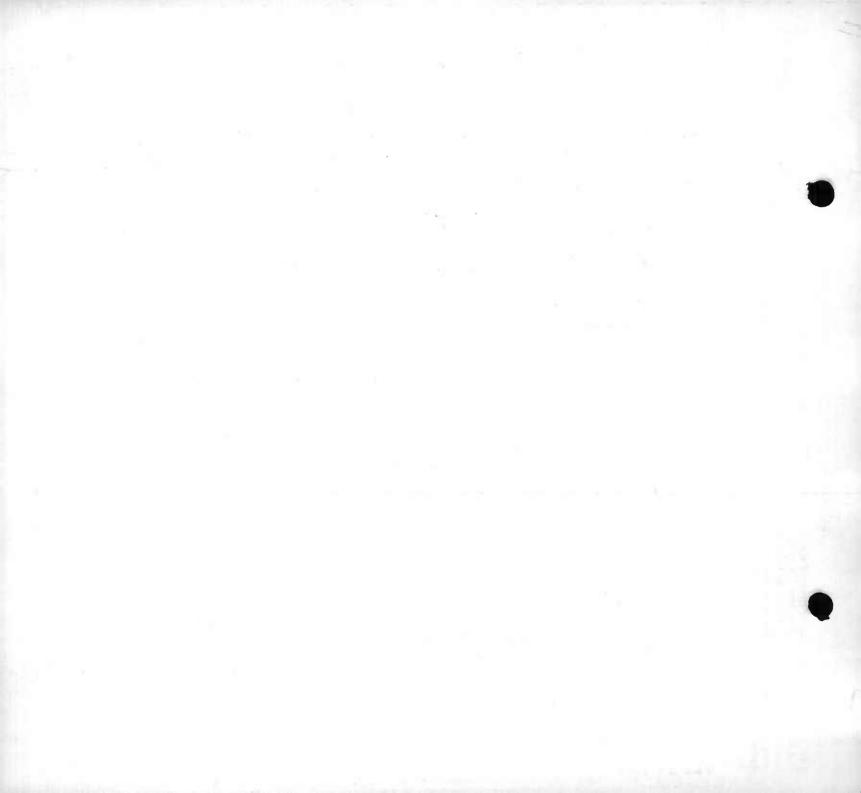
C-62/ 70 19	BALTIMORE CITY	Y HEALTH DEPARTMENT		P10 4012				
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 1975				
(Type or Print) CROSBY, ELI	20BCTU LEIGH		NO HOUR OF DEATH	12.00				
3. PLACE IN BALTIMORE MARYLAND, WHERE			ARY 17, 197					
		100 31 ATE	411	titution: residence before admission				
FULL NAME OF HOSPITAL OF ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN		1202				
1/1/		BALTIMORE	D. INSI	YES NO				
VIVION MEMORIAL	Hospital	E. STREET AND NUMBER		YES X NO				
	rioppital			15 N. CHARLES				
FEMBLE WHITE	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 03/04/05	9. AGE (In years lost birthdoy) 64	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 108. K	OWED DIVORCED IND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or force	64	110 6077				
doug noting most of Motring site" evelt it telled)		VIRGINIA	ign county;	12. CITIZEN OF WHAT COUNTRY				
HOMEMAKER 13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	M.S.	U.S.A.				
REV. PHILLIP CRO	SBY		C. LEIGH	2-4				
15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (If yes, give wor or doles of so	1 6. SOCIAL	17. INFORMANT	2 2	2/228				
No	577-01-6428	Mrs Mayarett.	6, Apring-40	03 Oak Forest tre				
18. 14/11	CAUSE OF DEAT	H /	11	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	r	0	+ .	SELVICEN CHOSE I AND DEATH				
(This does not mean the made of dying	(A) IMMEDIATE CAU		ALOSIS	**********				
injury or complication which caused death,	l neori lativite, asihenia, etc. Il means the disease							
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	LONGUE					
rise to the above cause (A) stating UNDERLYING CONDITION last.	g lhe (C)							
11								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERM OF THE PROPERTY OF THE PROPE	ITING							
	*************			**********				
19A DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	NO	208. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, oli etc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)				
21D-TIME (Month) (Doy) (Year) (House	21E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?					
(APPROX)	While At Not While At Work	1						
that (1) (we) last saw the deceased ally	Alan (I) () In							
and hour and from the causes stated above. (i) (Ve) (did) (did not) view the bady after death.								
23A. SIGNATURE	on the body differ deaths	12	38, DATE SIGNED					
Why Karaenscha	The state of the s	ding Med.	Staff Phys.	February 17, 1976				
23C. PHYSICIANTS NAME (TYPE) MIGUEL KARAC	DEGREE)	3D. ADDRESS	1	spital				
4A. BURIAL CREMATION, 124B. DATE	DEGREE							
Bure al 7/19/70	1 1 . 010	249, LC	0 :	town, or county! (Stote)				
25A. DATE REC'D BY HEALTH DERT. 258: N	LOUGON FR	25C. FUNERAL DIRECTOR	BA110.	Md,				
	Sen M.D.	16021	Wall-301	Frederick Rd				
/S 150-REV. 1/1/6B		1 60 0 Maro	1/000	3, 1 1 311				



IMPORTAN

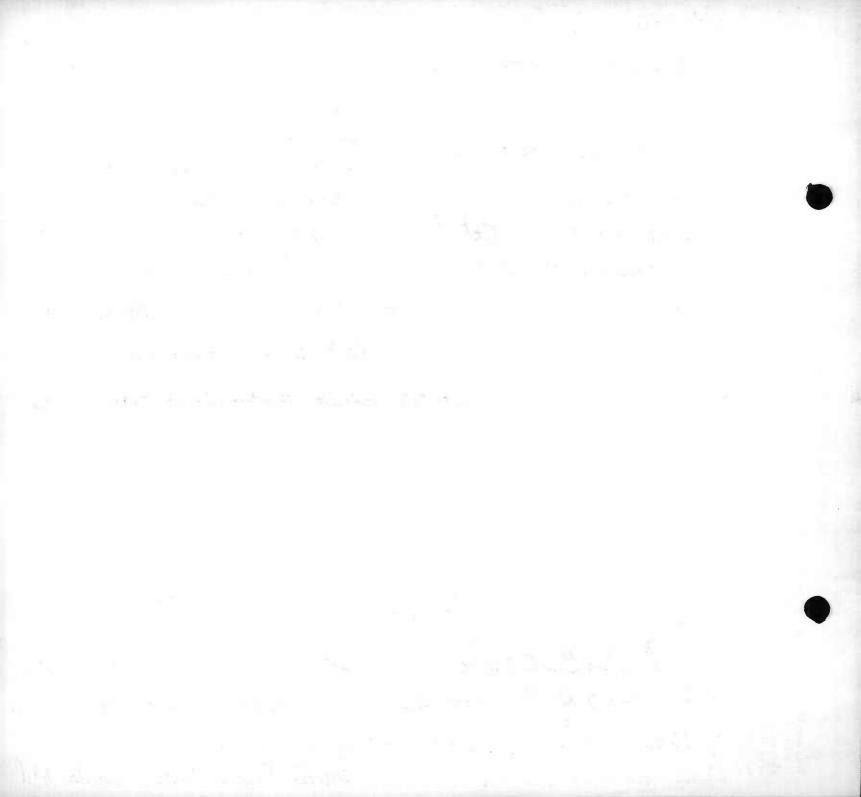
DIRECTOR:

FUNERAL



FUNERAL DIRECTOR: IMPORTANT

1/ 2/10	BALTIMORE CITY	HEALTH DEPARTMENT		1910				
7-340 70 19	CERTIFICA	TE OF DEATH	REG. NO.	70 1977				
1. NAME OF DECEASED (Type or Print)	. /	2. DATE AND	HOUR OF DEATH					
Lucetta Hottle	=//	2-1	6-70	16:40 AN				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceased lived. If ins	titution: residence belore admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	MD		1305				
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?				
0	0	Bahto.		YES NO				
Kel Circle Hos,	pice	E. STREET AND NUMBER	1101					
		3039 KESU	rick Rd.	2/21/				
5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.				
	WED DIVORCED	7-29-92	0/	10013				
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreign	country)	12. CITIZEN OF WHAT COUNTRY				
Credit Clerk	Ketail	Virginia	1	115 A				
3. FATHER'S NAME	1101-1	14. MOTHER'S MAIDEN NAMI		u. J. / 1.				
Fdund M I	Alilliams	I.		Martin				
5. Wes Decessed Ever in U. S. Armed Forces?	Villiams	Lmn	14 1.					
5. Wes Decessed Ever in U. S. Armed Forces? Yes,na ar unknown) (If yes, give war ar dates of servi	SECURITY NO.	17. INFORMANT		ADDRESS				
No	215 012044	Hda L. Kina	3039	Keswick Hd.				
18.410,9	CAUSE OF DEATH	J		APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY		6	1	BETWEEN ONSET AND DEATH				
LEADING TO DEATH (This does not meen the made of dying,	(A)IMMEDIATE CAU	SE Orollary	o couse	ou 6 hes				
heart foilure, asthenio, etc. 1(means the dise	ase, DUE TO, OR AS	CONSEQUENCE OF:						
injury ar complication which coused death.)	000/2	1 ~ 1'= 100	0 000	Con				
ANTECEDENT CAUSES	With so	eleganeva	seula de	septe 7-5				
DISEASES OR CONDITIONS, if any, ginse to the obave cause IA) stating	ving DUE TO, OR AS	A CONSEQUENCE OF:	***********************	***************************************				
UNDERLYING CONDITION last.	(C)							
II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FWAS PERFORMED 21A, ACCIDENT WAS UNDERLYING 1	NG							
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	-	***************************************					
19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?				
E C ITAS I ENTONIVED			THE CERTIFIENCE CAU	SES OF DEATH?				
OR CONTRIBUTING TICALIST OF	218 PLACE OF INJURY (e.g., in home, farm, factory, street, off	or about 21 C. WHERE DID	(If In Baltimare	City, give exact location)				
DEATH (natify medical examine)	etc.)	TO STORY INVOKE OF CORE						
21D.TIME (Month) (Day) (Year) (Houd	21E (NJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?					
OF INJURY (APPROX.)	While At Not While			4				
	THUR - AT WORK	7,1417	60	16 7				
22. I certify that (I) (this hospital) attended	A A IIA ITITI	19	07 to 10	19/0				
	that (1) (we) last saw the deceased alive an 10/14 19 70 and that in (my) (our) apintan death accurred an the date							
and haur and fram the causes stated abave	and have and from the causes stated above. (1) ((16) (did) (did not) view the body after death.							
23A. SIGNATURE	23 B. DATE SIGNED							
MUHUM		ding Med. Sk	off ys.	2-16.70				
23 CHYSICIAN'S NAME TYPE	DEGREE	D. ADDRESS	7	7 0				
RICHADO R. DI	GUED	. W. OUR M.	00- 1111	4 Boll 120				
4A. BURIAL CREMATION, 24B. DATE 1240	NAME of CEMETERY OF CREA	MATORY : 124D 100	ATION (C'	- 10UNU-120				
REMOVAL (Speqify)	1 A ala	1	مرام	lawn, or caunty) (State)				
10urial 19 Feb 70	Moreland N	1emorial 1 4	1 ar Kville	[[] []				
SA. DATE REC'D BY HEALTH DEPT. 258, NAT	AE-OF REGISTRAR	25C, FUNERAL DIRECTOR	Naukh	ADDRESS				
ELECTRICAL STATE OF ASSET	aces in a	Jaumes Fun	eral Home	2. Balto Md				
S 150-REV. 1/1/68								



5 2110	70	197	8 BALTIMORE CITY HE	ALTH DEPA	RTMENT			1210	4070
0 270	MED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H	70	1370
BIRTH NO.	"			111			REG. NO.		
t. NAME OF DECEASED (Type or Print)		- FELL		2. DATE	Known 🛣	Month	Day	Year	Hour
	Reba	Sieg		OF DEATH	Estimoted				
4. PLACE IN BALTIMORE, A	ARYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF N HOSPITAL ADD	OT IN HOSPITAL	ORINS	TITUTION, GIVE STREET	PRONO	UNCED DEAD	2	16	70	11:00 a
OR INSTITUTION	KESS OK LOCAL	ION		5. USUAL F	ESIDENCE (Where	deceased liv			
A = 200	O D			A. STATE			B. COUNTY		15-10
380 6. SEX 17. RACE				C. CITY OF	Maryland		D. INSIDE C	TV HANTED	510
. JEA			HED NEVER MARRIED	C. CITT OF	TOWN		D. INSIDE C	ITA FIWITS L	
female white		WIDOW			Baltimore		Y	ES 🗌	NO 🗆
DATE OF BIRTH	10. AGE (In	y ears	If Under 1 Yr. If Under 24 Hrs. Months; Days; Hours; Min.	E. STREET	AND NUMBER				
10-14-1901		50			3809 Boarma	n Ave.			
II. BIRTHPLACE (State or lore			12. CITIZEN OF	13. FATHER					
RUSSIA			WHAT COUNTRY?	DAUTT	BROOKS				
	ive kind of wark	4B. KIND	OF BUSINESS OR INDUSTR			ΛĖ			
ane during mast of warking life,	even ifretired)					2			
HOUSEWIFE	1816 451155		T HOME		SE	:			
6. WAS DECEASED EVER IT fes, na or unknown) (II yes, give	wor or doles o	rokces I service	17. SOCIAL SECURITY NO.	IB. INFOR				PERFOTE	W ST.
NO				MRS. C	CHARLOTTE	FINEMA	V. PHTIA	. PA	19111
19.			CAUSE OF DEA	TH					PROXIMATE INTERVA
DISTASS OR CON	DIVIONI DIREC	T1 V							EEN ONSE! AND DE
DISEASE OR CON		ILT	Hyperte	ensive .	and arteri	oscler	otic ca	rdid-	
(This daes not mean th		ng. e.g	(A) IMMEDIATE (AUSE			diseas		
DISEASES OR CONDI RISE TO THE ABOVE C UNDERLYING COND	AUSE (A) STATI	GIVING NG THE	(c)	AS A CONSE	QUENCE OF:				
OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION 2004. DATE OF OPERATION	ONDITIONS CO OT RELATED TO T N GIVEN IN PA	HE TERM	INAL						
	208. CON	NOIIIU	FOR WHICH OPERATION W	AS PERFORM	IED			no	PSY? (Yes or No)
22A. EXTERNAL CAUS UNDERLYING OR COL UTING CAUSE OF DE	NTRIB-		22B. PLACE OF INJURY (e.g., home, farm, loctory, street, affic	in ar about 2 bldg., etc.)	2C. WHERE DID (NJURY OCCUR?	il in Baltimor	e City, give ex	ect location)	
22D. TIME (Month) OF INJURY	(Day) (Year)	(Hour	22E. INJURY OCCURRED	1	2F. HOW DID IN.	URY OCCU	IR?		
(APPROX.)				WHILE ORK					
23.			AIN AIN						
1 certify that 1	held on In	quiry [Inspection X Au	top sy	and that on th	is basis.	death in my	oplnion	
resulted from:			Accident Suicid					-	
resurred from:		7	vecineur 3nicio				ed manner	_	
ACTUAL // 00	12/	7	NC		CHIEF MEDICAL E				DATE SIGNED
SIGNATURE	meg!	1	M.D	. ASSI	STANT MEDICAL E	XAMINER			
EXAMINER'S			\		CIATE MEDICAL E			-11	
NAME (Type) W		. Spi	Atz, M.D. De	puty C	hief Medic				/17/70
24A. BURIAL CREMATION, REMOVAL (Specify)	248. DATE		24C. NAME of CEMETERY			OCATION		, or county)	(Stote)
BURIAL	2-18-70)	BETH YEHUDA AN	ISHE KU	RLAND BA	LTIMOR	E, MARY	LAND	
25A. DATE REC'D BY HEALT									
FER 19 1970	Ber E.	abe	AME OF REGISTRAR	SOL	LEVINSON	& BROS	.,6010	REISTE	RSTOWN R
/\$ 151-REV. 1/1/68	1	1.57			17 7				



1001-01-01 THE ALL ALL PINE TO SERVICE STORY CHAPTER METERS CONTAIN SEATTINGER, POTTERANT 95-81-2 will think the same and the state of

M-534 70 19	70	HEALTH DEPARTMENT	REG. NO.	70 1979				
I. NAME OF DECEASED	CERTIFICA	TE OF DEATH	D HOUR OF DEATH					
(Type or Print)	ndllsuhn	9	417/70	644 A.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in:	stitution: residence before admission				
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	MARY LAND		2720				
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?				
SINAI HOSPITAL		BALTIMORE		YES NO				
SINAL HUSPITAL	-	E. STREET AND NUMBER						
5. SEX / 6. RACE 7. ALAD		3614 FORDS L	ANE, APT, F	#21215				
MALE WHITE WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	S. DATE OF BIRTH 1906 JULY 4, XXXX	63	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farei	gn country)	12. CITIZEN OF WHAT COUNTRY				
	DLESALE	PHILADELPHIA	PA.	II.S.A				
13. FATHER'S NAME		PHI LADELPHIA	AE	1. M+D+A+				
LAZER MENDELSOHN		HANNAH ?						
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown] (If yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
NO	JECONIII NO.	UPC PACE HELIOT	ICAUN 2/14	E4000 / U.S. 155				
18. / / / / /	CAUSE OF DEAT	MRS. ROSE MENDE	LSOHN, 3614	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEA							
LEADING TO DEATH	boths							
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc								
injury ar complication which caused death.)	1							
ANTECEDENT CAUSES	(B) 173 C	$\mathcal{N} \mathcal{O}$		1200				
DISEASES OR CONDITIONS, il any, gi	**********							
rise to the above cause (A) stoling UNDERLYING CONDITION last.								
II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
198 CONDITION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B PLACE OF INJURY (e.g., inhome, form, foctory, street, of	or obout 21C. WHERE DID	(If In Boltimore	City, give exoct location)				
21D.TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?					
(APPROX.)	While At Not While At Work							
22. I certify that (1) (this hospital) attend								
that (1) (we) last saw the deceased alive	The state of the s							
The state of the s		and the	Tin(my) (aur) apln	ian death accurred on the dat				
23A. SIGNATURE	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
Wash Here	23B, DATE SIGNED							
23C PHYSICIAN'S	DEGREE Phys	. Director L I	hys.	117/70				
23C. PHYSICIAN'S NAME (Type) Joseph SI	ear ND	67/5 PAC)	L H=19141	Ave				
AA. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, lown, or county) (Stote)				
BURIAL 2-18-70	CHIZUK AMUNO		TIMORE, MAR	YLAND				
CER 1 9 1071 Pale & Santa	ME OF REGISTRAR			REISTERSTOWN ROA				
VS 150-REV 1/1/63	Y 3 The state of t	00073						

VS 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

1 - 11			BALTIMORE CITY	HEALTH DEPARTMENT		170 4004
1-341	70 198	31	CERTIFICA	TE OF DEATH	REG. NO	70 1981
NAME OF DEC	EASED			2. DATE	ND HOUR OF DEATH	
Type or Print)	William B.	Littlena	σe	Feb	. 17, 1970	
	TIMORE, MARYLAND, W					institution: residence before admission
TEAGE III STI	Williams, Williams, W	TIERE TROTTO	NCLD DLAD	A. STATE B. COL	INTY	institution: residence before admission)
ULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTII D. INS	MORE 28 /
00				BALTIMORE E. STREET AND NUMBER		YES NO
3705 GW	YNN OAK A	VENUE		3705 GWYNN	OAK AVEN	IUE 21207
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
MALE	WHITE	WIDOWED		2-22-1910 11. BIRTHPLACE (State or fo	59	12. CITIZEN OF WHAT COUNTRY?
one during most of	working life, even if retired)			11. SIKTHTER CE (Stole of to	reign country)	12. CHIZEN OF WHAT COUNTRY
Vice Pre	sident - Fur	niture E	Business	BALTO, MD		USA
FATHER'S NA				14. MOTHER'S MAIDEN N.	AME	
******	m 7 1441			Constitution		Danahtan
William	T. Littlep	age	14 400111	Susie		Boughton
es, no ar unknawn	(If yes, give war ar date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
Ves WW	11 Army	3		Caroline C. Li	ttlepage=370	05 Gwynn Oak Ave
18.	/ II Alliny		CAUSE OF DEATH		ttiopage on	APPROXIMATE INTERVAL
DISEASES CONTRIBUTION OF THE DEAT OF CONTRIBUTION OF CONTRIBUT	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II FICANT CONDITIONS COME BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 198. CON WAS PERION 198. CONDITION GIVEN IN FOR THE CONDITION GIVEN IN TWAS UNDERLYING THE CAUSE OF TREGICAL STATES OF THE CONDITION OF THE C	death.) any, giving slating the NTRIBUTING HE TERMINAL I I (A). DITION FOR WE FORMED	(B) DUE TO, OR AS (C) (C) (HICH OPERATION	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or 1 or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 F	INJURY OCCURRED	21 F. HOW DID IN	HILLEY OCCUP?	
OF INJURY			e At Not While		STATE OF COR.	
22 1 - ***	al-a- (1) (al-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-				19 70 to	2-17 1976
	that (I) (this haspital		-	2-17		
that (I) (we)	last saw the decease	d olive an	Never	19and	that in (my) (aur) ap	Inion death accurred an the date
and hour on	d from the causes stat	ed abave. (I)	(We) (did nat) v	iew the bady after death		
23A. SIGNATU		· Ys				23B. DATE SIGNED
	(HOLA)		Atte	nding Med.	Staff	2/17/90
	Notife.	Typ.	DEGREE Phys	Director L	Phys.	21.77
PHYSICIA NAME (T	Philos P.	FINA	M.D.	18 E. Chas	S. Salt	more Mas.
4A. BURIAL CRE	MATION, 24B. DATE Specify)	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county) (Stota)
Burial	2-19-70	T.Out	don Park Cen	netery Ba	ltimore, Ma	ryland
	BY WEALTH DEPT.	258 NAME O	E_REGISTRAR	2SC. FUNERAL DIRECTO		ADDRESS
FEB 191	IN Pobert E.	Jabon 1	43.000			-4600 Liberty Hts
S 150-REV. 1/1/	68	* 7		0		

The second section of the section of t

VS 150-REV. 1/1/68

Linker

Meat Packing Co.

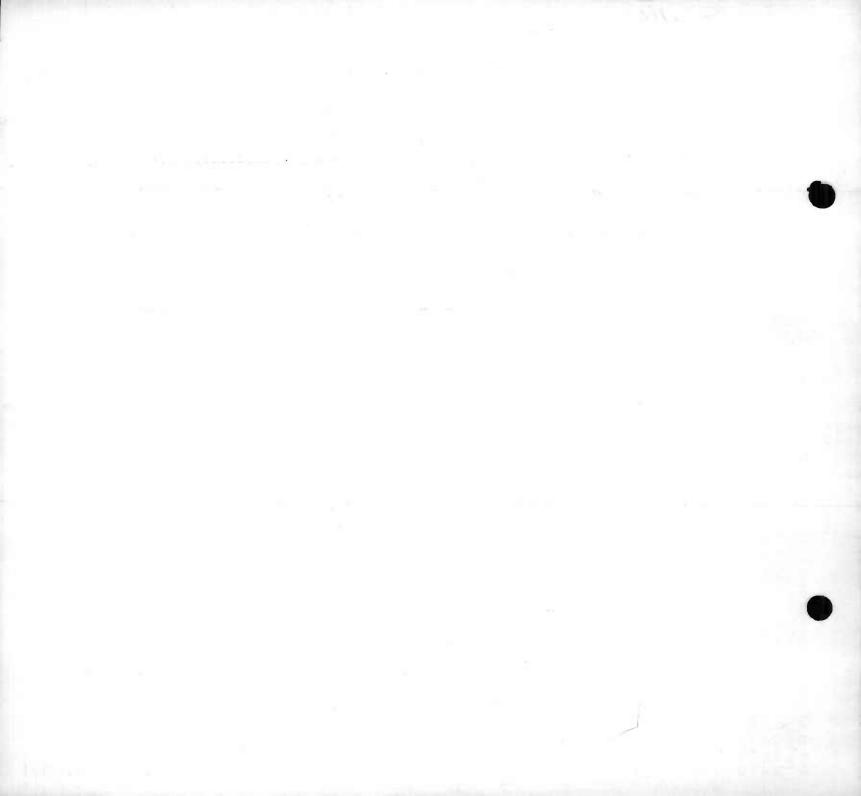


IMPORTANT

DIRECTOR:

FUNERAL

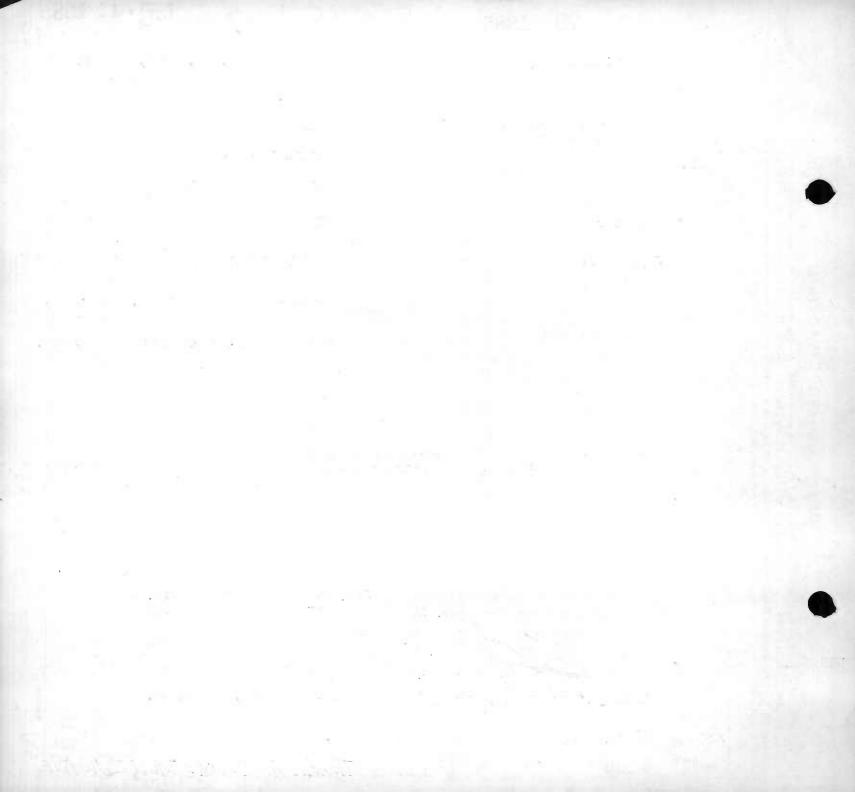
VS 150-REV. 1/1/68



0	BALTIMORE CITY	HEALTH DEPARTMENT	70 1984
# -200 70 198	4 CERTIFICA	TE OF DEATH REG. NO.	1001
I. NAME OF DECEASED (Type or Point) John Geor	ge Rose	2. DATE AND HOUR OF DEATH 2-13-197	0 3 35
3. PLACE IN BALTIMORE, MARYLAND, WHERE PLACE THE PROPERTY OF ADDRESS OR LOCATION) HOSPITAL OR ADDRESS OR LOCATION) House in the	NENDED DEAD NENDED STREET 3-17-70	4. USUAL RESIDENCE (Where deceosed lived, If in A. STATE B. COUNTY Md. Balto. Color C. CITY OR TOWN Baltimore E. STREET AND NUMBER 10 Belinda Avenue 21206	Stitution: residence before odmission) 5 3 0 0 IDE CITY LIMITS? YES 2 NO
5. SEX 6. RACE 7. MAI	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Cau. WIDO	WED DIVORCED	6-5-188% lost birthdoy) 85	With the second
	tandard Oil Co.	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles Rose		Johanna Ne	imeyer
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of ser	vice) 16. SOCIAL SECURITY NO. 214-01-4255A	17. INFORMANT Lamhiils, Md Helen-Rickenbacker 7727 G	Lanhar Hills
heort failure, osthenia, etc. It means the disinjury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION lost.	giving (B) Our OR AS (C) (C) (TING	A CONSEQUENCE OF: A CONSEQUENCE OF: Dintinosi	geno.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (a).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED
198. CONDITION WAS PERFORMED		IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		e City, give exoct location)
21D.TIME (Month) (Doy) (Year) (Hourld (A PPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	-/-/-
22. I certify that (I) (this haspital) attention that (I) (we) lost sow the deceased alive	2/	/2/19 /2 and that in(my) (944) opi	nion death occurred on the dat
ond hour and from the couses stated about 23A. SIGNATURE But But Busselle 23C. PHYSICIAN'S	DEGREE Phy	ending Med. Staff	23B. DATE SIGNED 2/16/90
NAME (Type) ALBERT B. BR	DLEY, M.D.	4900 BELAIR ROAD BALTO.	, MD. 21206
Burial 2- 16-1970	Parkwood Cemerary of CRI		Balto. Md.
FEB 19 1970 Jassey E. News	7-000-0	Lassahn, Funeral Home 74	Ol Belair Road

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



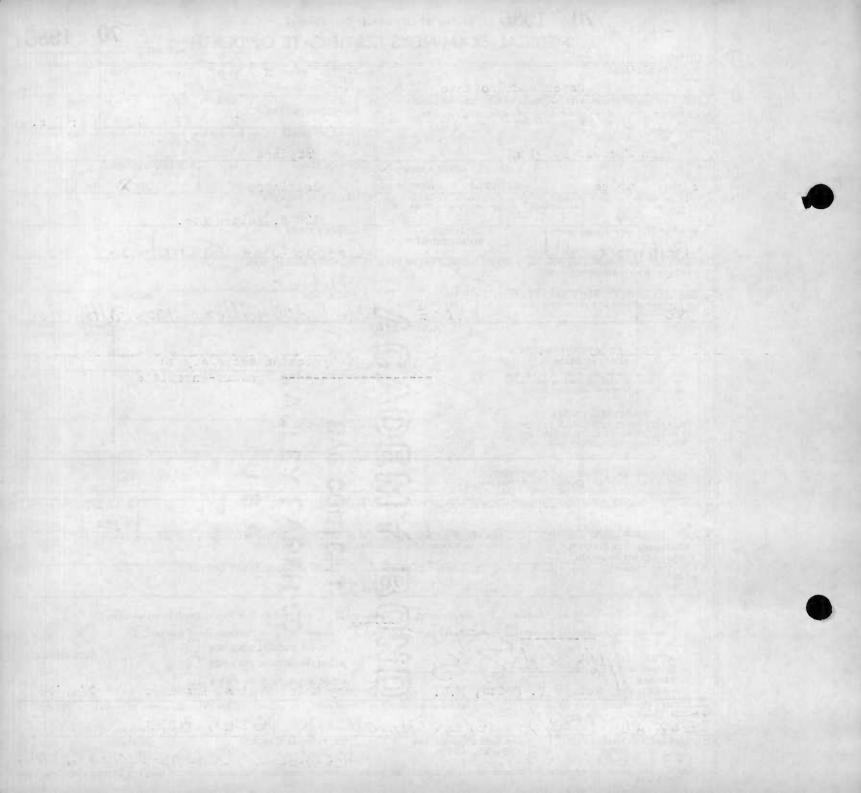
25C. FUNERAL DIRECTOR

ADDRESS

SCHWAB

258 NAME OF REGISTRAR

VS 151-REV. 1/1/68



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

1987 1970 1:00PM D. INSIDE CITY LIMITS? YES X NO Il Under 1 Yr. Months! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) to FEBRUARY and that In(my) (our) apinion death occurred on the date 23 B. DATE SIGNED 02 18 70 (City, town, or county) ADDRESS

5.6

Proposition 1450V general the fullment of the month Feb 14 70 Decoglerongen mil ATPLOTAN

HENRY ARMANAS MALKEN- AN HOLLING IN

IMPORTANT

DIRECTOR:

FUNERAL

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

or gounty)

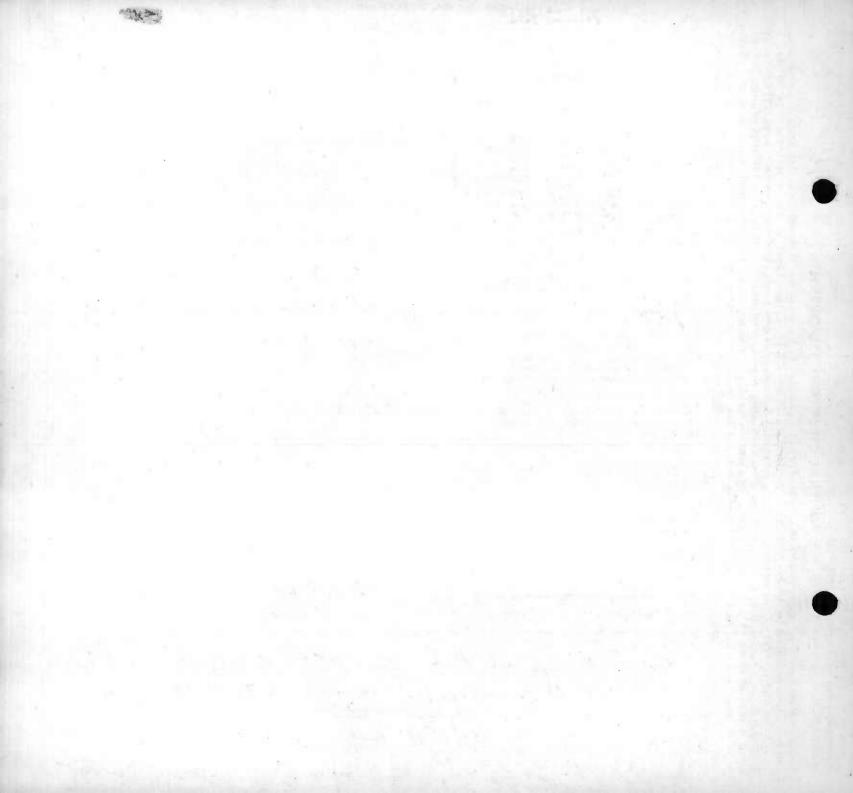
ADDRESS

If Under 24 Hrs. Hours Min.

Line day and the

946 TOS 19 1 3 . 10 97 the state of the s Veta Life Bar 19, 60% of child Solid Feet L

1 0 .6 . 70 1001	BALTIMORE CITY HEALTH DE	EPARTMENT	
1-620 70 1991	CERTIFICATE OF	DEATH REG. NO	70
BÍRTH NO.		2. DATE AND HOUR OF DEATH	70 1991
(Type-or Priht)		2-18-70	1 45
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNG	CED DEAD 14. USUAL S	RESIDENCE (Where deceased lived. If	institution: residence belore odmission)
S. FEACE IN SACINGARY MARIENTS, WHERE TROPOSITE	A. STATE	B. COUNTY	1206
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET Mary	yhand	1200
INSTITUTION	C. CITT OK		SIDE CITY LIMITS?
90	Pal	tinore AND NUMBER	YES NO NO
molely h : 14.	232		160 54
TEICHOT I wish ng tome -		11.	
. /	NEVER MARRIED 8. DATE OF	Hand blade I and	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
male hegro WIDOWED			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	JSINESS OR INDUSTRY 11. BIRTHPLA		12. CITIZEN OF WHAT COUNTRY
STEUE DORE No-	nort	th Capolina	U.SA.
13. FATHER'S NAME		R'S MAIDEN NAME	
Galloway Parks	111	a Wooten	
	S. SOCIAL 17. INFORM		ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service)	SECURITY NO.		
Ves WWH =	237-40-1606 15 U.e	ebah leoper 14	N. Bentlov SE:
14/30X 1	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Carcinoma of C	Saplogus	18 mm 17
LEADING TO DEATH	(A)IMMEDIATE CAUSE	V	, 0 /-10-1/25
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	DUE TO, OR AS A CONSEQUE	ENCE OF:	
injury or complication which coused death.)			
ANTECEDENT CAUSES	(B)	00,000000000000000000000000000000000000	
DISEASES OR CONDITIONS, il ony, giving	(B)	JENCE OF:	
uise to the obove couse (A) stating the UNDERLYING CONDITION last.	(c)		distribution in the
	(0/		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	.00000000000000000000000000000000000000		
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION 20A. AUT	TORSY? (Yes or No.) 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHI		NO IN CERTIFING C	AUSES OF DEATH!
	ACE OF INJURY (e.g., in or obout 21 C form, foctory, street, office bldg., INJ	C. WHERE DID (If in Boltim	ore City, give exact location)
▼ DEATH (notify medical examiner) etc.)	iomi, fociory, sheet, office orage, INJ	30%, OCCOM:	
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	IJURY OCCURRED 21F	F. HOW DID INJURY OCCUR?	
S OF INJURY	At Not While		
(APPROX.) Work	At Work	11 0.	2010 74
22. I certify that (I) (this hospital) attended the	- / // / /	19 70 to 0	19 0
that (1) (as) last saw the deceased alive an	706 c. / / 19 /	and that in (my) (our) ap	pinlan death accurred an the dat
and haur and from the causes stated abave. (1) (1	We) (did) (did nat) view the bac	dy after death.	
23A. SIGNATURE	2410		23B. DATE SIGNED
Joseph Commencer	Attending Phys.	Med. Staff Phys.	2/18/70
23C. PHYSICIAN'S	DEGREE PHYS.		1
PHYSICIAN'S LONG M / I'M ME I'M	nen M.D 3700 4	Harris RI RIT	M.1
1 / ray il, ximmer	DEGREE DAVA	wires and Del Il	art, mos
24A. BURIAL CREMATION, 248. DATE 24C. NAM REMOVAL (Specify)	LE OF CEMETERY OF CREMATORY	24D. LOCATION	City, town, or county) (Stote)
Buriol 2-23-70 (OL	d 19111 lim.	Jold boro,	Nº Construe
	REGISTRAR 25C. FUN	NERAL DIRECTOR	ADDRESS
FER TA BLA CORES E LEGIES	3 1000 m	many Ous WILSON	1000 Perantley Ans.
/S 150-REV. 1/1/68	1 5	11 Augelon French	Home Wilfor NIC:



IMPORTANT

FUNERAL DIRECTOR:

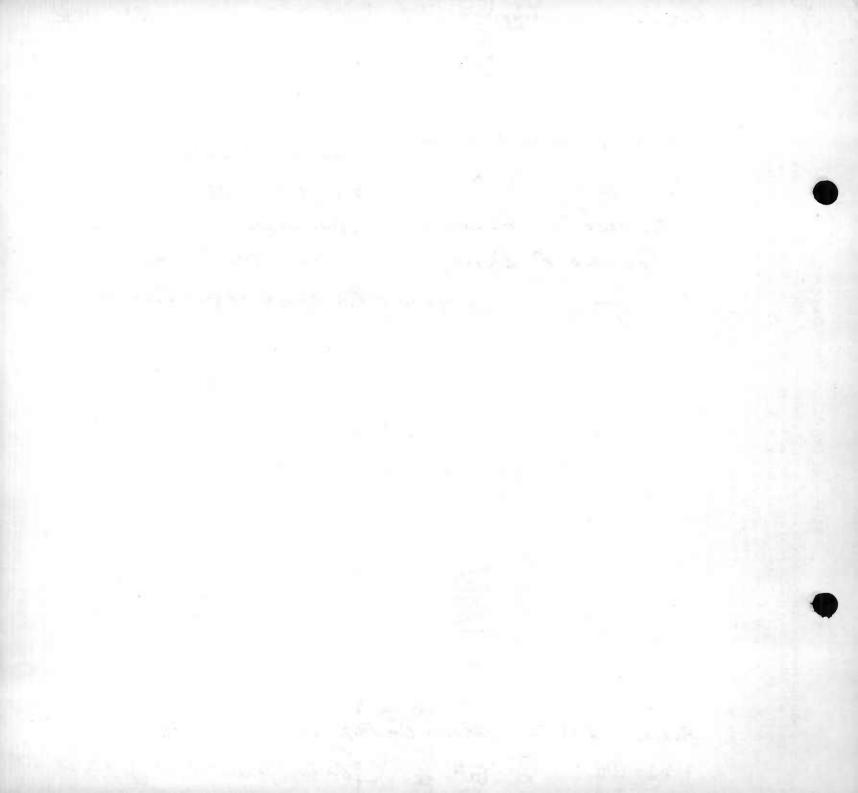
VS

BALTIMORE CITY HEALTH DEPARTMENT

NO

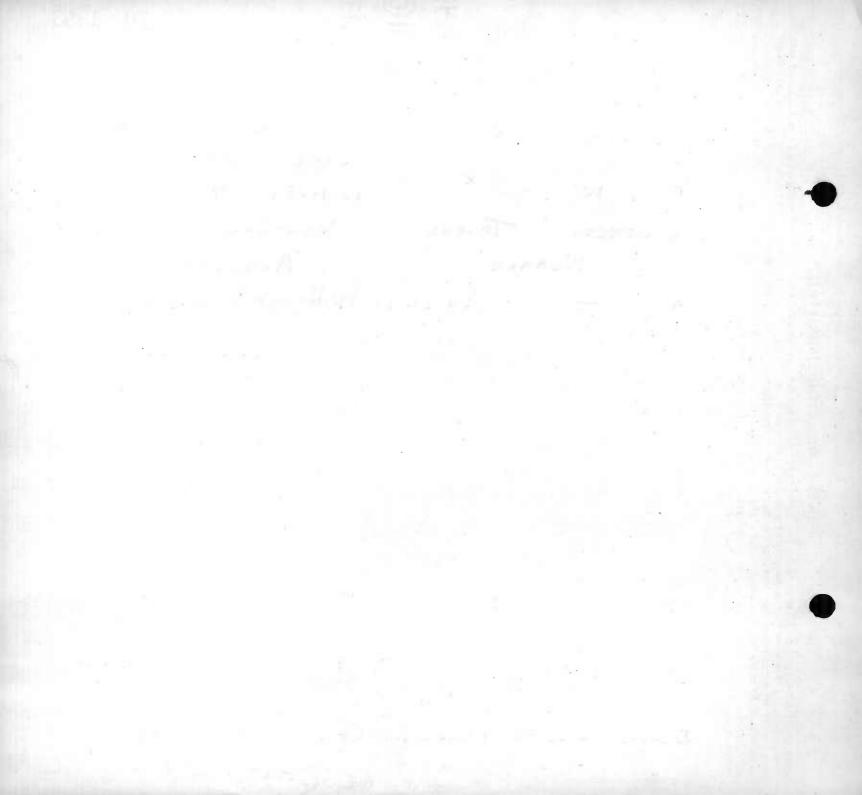
Hours

If Under 24 Hrs.



FUNERAL DIRECTOR: IMPORTANT

M1 /11			BALTIMORE CITY	HEALTH DEPARTMENT		mio	4000
11-614	70	1993	CERTIFICA	TE OF DEATH	REG. NO	70	1993
BIRTH NO. 1. NAME OF DECEA (Type or Print)	AULINE		MARVEL	2. DATE AN	D HOUR OF DEATH		M
3. PLACE IN BALTIA	AORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (When		institution; resid	dence befare admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	JTION, GIVE STREET	MARYLAN C. CITY OR TOWN	D. IN:	SIDE CITY LIMI	702
VOHN	s HOPKII	ns Ho	SPITAL	BULINO	RE	YES 🔀	NO 🗌
33	7101 1			2700	EFFERS	ou S	· · · · · · · · · · · · · · · · · · ·
6. SEX 6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Manths Do	Yr. If Under 24 Hrs.
F	w	WIDOWED	DIVORCED	12-1-1891	78	TVI UIIIII D	110013
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN	OF WHAT COUNTRY
1 0	rking life, even if retired) RESS	TA	VERN	MARYLA	ND	1	J-S-A)
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAM	AE .		
-	SLA	AKE		Aug	USTA		
	f yes, give wor or date		16. SOCIAL SECURITY NO. 214 12 4363	To Harry H	brawel-	2700	Danderson l
18. / / 3	~ .		CAUSE OF DEAT	1	1		APPROXIMATE INTERVAL
PISEASE	OR CONDITION DIE	ECTI V				BET	WEEN ONSET AND DEATH
	ADING TO DEATH	COILI	A MANAGOLATE CALL	APTERIOSCIE	ANTIC HEA	AT	10 40000
	meon the mode of		DUE TO, OR AS	SE ARTERIOSCLE	CO LIC MON	~!	prac)
	thenia, etc. 11 means ication which caused			91	SEASE		
AN	TECEDENT CAUSES						
DISEASES OR	CONDITIONS, if	onv. aivina	DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the	above cause (A)						
UNDERLYING	CONDITION lost.		(c)	000000000000000000000000000000000000000			
	ANT CONDITIONS COI						
M DISEASE OR COM	NDITION GIVEN IN PAR	T 1 (A).	***************************************	T004	1		
19A. DATE OF O	PERATION 198. CON		VHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 CERTIFYING CA	AUSES OF DE	ATH?
21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING NG CAUSE OF	21 B. hom etc.)	e, farm, factory, street, at	n or obout 21C. WHERE DID ince bldg., INJURY OCCUR?	(If in Boltimo	ore Clty, give e	xoct lacotion)
OF INJURY	Manth) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)		Whi	le At Nat While At Wark				
22 1	an (1) (abin benefanl			1001	10	2/19/70	10
	not (1) (this hospital		2/14/70		9to		19
	ist saw the decease			19and the	at in (my) (aur) ap	inian death	accurred an the date
		ed above.	(We) (did) (did nat) v	iew the bady after death.			
23A. SIGNATURE	6		A44-	-4: 4:-	51-11 —	23B. DATE !	SIGNED
Ma	(Jan	ш	DE GREE Phy	nding Med. Director	Staff Phys.	2/17	7//0
23C. PHYSICIAN NAME (Type				23D. ADDRESS		1 -	
MA	X IS AU	И,	M. D. DEGREE	7422 GAS	TERN ,	DUC	
24A. BURIAL CREMA	ATION, 248. DATE	24C. NA	ME of CEMETERY of CRI	MATORY 24D. L	OCATION	City, tawn, or c	county) (State)
BURIA	n n	70 F	ARKWOOD	CEM.	BALTO	. alve	
PEB 19		258 NAME G	E .	28C. FUNERAL DIRECTOR		334	Steran H
VS 150-REV. 1/1/68		7 1	-4-4-4-6	TA F	V		7 7 1



3-620 70 inth No.	1004	TE OF DEATH	REG. NO	70 1994
NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
Grice, Jones, 1	Mary	2-17-	-70	12:10 A. M
. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (W	hero deceased lived, If i	nstitution: residence before admission)
NSTITUTION	OR INSTITUTION, GIVE STREET	Maryland c.c. City OR TOWN		SIDE CITY LIMITS?
Provident H	_	Baltimore,		YES NO
39 1514 Divisor		E. STREET AND NUMBER		100
Baltimore, Ma	aryland 21217	1123 N. Fulto	on Ave.	
Female Negro	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11/7/1917	9. AGE (in years last birthday)	if Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lo	reign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)	_			·
Cat&Paw Holtite mfg.	Co.	South Ca		U. S. A.
TOTAL S ISMIT		14. MOTHER'S MAIDEN N		
John Jones		Josephine	L. Jones	
. Wos Deceased Ever in U. S. Armed Force es, no or unknown) (II yes, give wor or dotes NO	of service) 16. SOCIAL SECURITY NO. 218-10-5725	17. INFORMANT		ADDRESS
140	210-10-5/25	John Grice-Hu	sband	Same
heort foilure, asthenia, etc. It means the injury or complication which caused department of the course of the cou	y, giving DUE TO, OR AS loling the (C)	Diabetes (Me llitus	
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART I 19A-DATE OF OPERATION 17B. CONDI- WAS PERFO	TION FOR WHICH OPERATION	NO NO	10 208, IF YES, WERE	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exemines)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(II In Boltimo	re City, give exact location)
21D-TIME (Month) (Doy) (Yeor) (APPROX.)	While AI Not While Work At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased and hour and from the causes stated	alive an 2-17-70	19and 1	19 ta 2-17 hat In(my) (our) opi	7-70 19
23A. SIGNATURE	Atte	nding [] Med. [Shaff Phys.	23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) Raymundo	OLOREL	3D. ADDRESS		tal Bultimore, ML
A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 2/21/70	24C. NAME of CEMETERY of CRE Arbutus Mem. Pa		ltimore, Mar	
EB 19 1970	A LIME OF BOISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS rwyn Ave. 21207

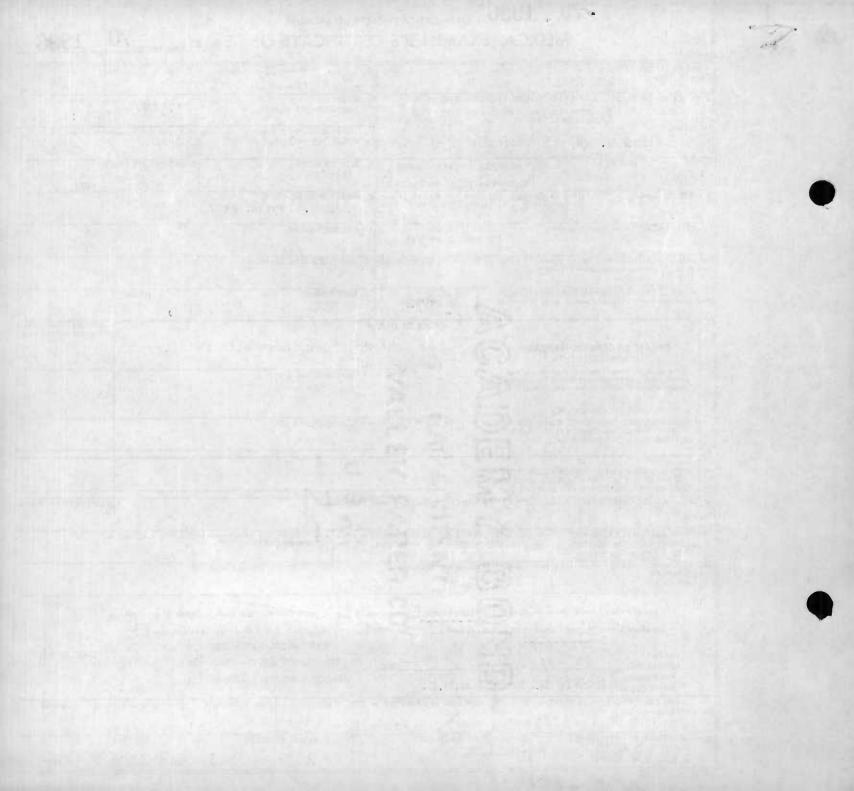
r .

The state of the s

1	1 10	^		A	BALTIMO	RE CITY	HEALTH DEPARTA	MENT	,	100	0		
BIR	- 604(70 .	1995	CERTI	FICA	TE OF DEA	HTA	REG. NO.	7	J	1995)
	AME OF DECI						1		HOUR OF DEAT	Н			
2	DI A CC 101 DALL	Ch	IAIRS,	CHARI	ES LINS	TEAL		FEBRU		1970		9:55	Pw.
3.	PLACE IN BALT	IMORE MA	RTLAND, W	HERE PRONO	UNCED DEAD		4. USUAL RESIDEN	F CON.	decoosed lived. II	institution:	esidence	e before adm	nission)
FU	LL NAME OF	(IF NOT ADDRES	IN HOSPITA	AL OR INSTITU	UTION, GIVE STR	EET	MARYLANI	D BAL	TIMORE	50		21228	
IN	MOITUTION			IOSPITA	1/		C. CITY OR TOWN) F	D. 18	VSIDE CITY L	IMITS?	0784	
1	10				AVENUES	3	BALT I MOF			YES		ио 💢	
				MARYL			440 GREI		ROAD				
5	EX	6. RACE		7. MARRIED	NEVER MARK	RIED	8. DATE OF SIRTH		AGE (In years	II Unde Months	r 1 Yr.	II Under	24 Hrs.
	IALE	WHIT		WIDOWED			11/30/99	9	70	Months	Doys	Hevis	Min.
A01 nab	. USUAL OCCU	PATION (Give	kind of work	10B. KIND OF	BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	le or lorois	n country)	12, CITI	ZEN OF	WHAT CO	UNTRY?
	Retired			GAS MA	NUFACTU	RING	MARYLA	AND			11	S.A.	
	FATHER'S NAM	AE.					14. MOTHER'S MAI		\E		0.	J.A.	
	SAMUEL	CHAIR	S				ANNIE	LINC	TΕΔD				
5. Yes	Wes Deceased (,no or unknown)	Ever in U. S.	Armed Forc	es?	16. SOCIAL		17. INFORMANT	LINO	ILAD		ADDR	RESS	
	YES	WW	1	or solvices	212-05-		ST AGNES	IREC	ORDS CAT	ON S	WEE	KENS	AVE
_	18 99	9 1			CAUSE O			J ILLO	OKD3 CAI		APPRO	OXIMATE INTE	
		OR CONE		ECTLY					0	1	BETWEE	N ONSET AND	DEATH
		LEADING TO		1.1	(A) IMMED	IATE CAU	SE Tes	shiva	tory Lai	Pure			
	(This does no heart failure, o	sihenie, etc.	. li meons	the disease.	DUETO	O, OR AS	A CONSEQUENCE OF		I = Dullus	eden	α.		
	injury ar camp			death.)			"	120	act Process				
		NTECEDENT			(8)	UY	ic Aud Or	struc	live Uno	bally			
	DISEASES OF	R CONDITION	ONS, i(a	ny, giving	DUE TO	O, OR AS	A CONSEQUENCE O	Fı	= Uras	mila			
	UNDERLYING	CONDITIO	N lest.	oraning the	(c)						********	***********	
2		11											
ATION	OTHER SIGNIFICATION THE DEATH	BUT NOTRE	LATED TO TH	E TERMINAL									
CA	DISEASE OR CO	NOTION GIV	EN IN PART	1 (A).	VHICH OPERATIO	N	20A. AUTOPSY? (1	(es or No)	208, IF YES, WER	E EINDINGS	CONSI	IDERED	
CERTIFIC			WAS PERFO			•••	NO		IN CERTIFYING	AUSES OF	DEATH?	?	
ü	21A. A CCIDENT	WAS UND	ERLYING	21 B,	PLACE OF INJU	RY (e.g., in	or obout 21 C. WHER	E DID	(If In Bollin	ore City, give	e exoct	location)	
정	DEATH (netify	medicol exem	Ined	etc.)	e, term, tectory,	Street or	ice bldg., INJURY O	CU K?					
	21 D. TIME	(Month) (Do	y) (Yeor)	(Houd 21E	INJURY OCCUR	RED	21 F. HOW	DID INJU	RY OCCUR?				
2	OF INJURY (APPROX.)			Whi	e At T	Not While							
	22. I certify t	hat M) (this	hosp(tel)		e deceased fro		NIIADV 15	7/	70 FED	DIIADV	17		7.0
							7 19 70		70 10 FEB	KUAKI	l/	19	<i>/</i> .u_
	and hour and	from the co		d above All		40000	lew the bady after	ana tha	Liu (d) (ont) o	pinion deat	h occi	urred on th	e date
	23A. SIGNATUR		ioses sidie	d dbove.	(114) (114) (14)	XINOT) V	lew the bady after	death.		23 R. D.AT	E SIGN	£D.	
		Bull	Anh	an		Atter	iding Med.	П	haff hys.	1.0	2 31014	- /-	
	23C. PHYSICIAN	PC	00.00		DEG		Directors Directors	or L P	MD 21	220	11	8/1	-
	NAME (Ty	pe) EER=K/	A LINI							-	FNS	AVES	
24A	BURIAL CREM REMOVAL (Sp			24C. NA	ME of CEMETER	DEGREE		24D. LO		City, town, o			lole)
												, (3)	1016/
	Burial		$\frac{2}{20/70}$	258 NAME O	lar Hille	Ceme	tery		a Burnie,	Maryla		Darre	
	FED 1	O torn	(Pelant	258 NAME O	er, H.D.				dmondson	Ave 3		DRESS A	
1/8	150-REV- 1/1/6	N BANK	1000		-		The outer & U	2714 E	MIIOIIGBUII :	m, 00, 7	. 122		

THE STATE OF THE S

F A Rodrigon along the Town to the



C-160

BI	70 RTH NC.	1997	MED	ICAI	LEXA	MINER'S	CERTIF	ICATE	OF I	DEAT	H REG. NO.	70	1997
(1)	NAME OF DEC) CHRI	ISTINE	COO			2. DATE OF DEATH	Known	ted 🗆	Month 2	^D 13	70	1:31 a
FU	PLACE IN BAL IL NAME OF OSPITAL RINSTITUTION	(IF NO	T IN HOSPITA	LORINS			3. DATE PRON	OUNCED DI	EAD		cuary 13		M.
0	6021		pring	Ave.			5. USUAL A. STATE		(Where d		ed. If institutio B. COUNTY	n: residence	before odmission)
6.	sex Female	7. RACE Negi	0		RIED 🔼 NI	EVER MARRIED DIVORCED	c. city o	to.			D. INSIDE C	ES X	ио 🗆
	7-19-39		lost birthdes	yeors 30	If Under I Months : D	Yr. II Under 24 Hrs. Doys Hours Min.		021 Gre		ing A			The Land
11.	Pueblo,				12. CITIZI WHAT	S.A.		R'S NAME					
14A don	Housewif	prking lile, ev	ekind of work I en Il relired)	4B. KIND	OF BUSIT	NESS OR INDUSTR		IER'S MAIDE	EN NAME				
16. (Ye	WAS DECEASE s, no or unknown) No.	D EVER IN (il yes, give w	U.S. ARMED	FORCE	5? 17.	SOCIAL SECURITY NO.	18. INFO	RMANT Shirl	ey Co	oper		oland\	liew Avenue
CERTIFICATION	(This does not heart follure, the principle of the princi	EADING TO the mean like osthernlo, etc., plicotton whice ITECEDENT OR CONDITION ABOVE CALL G CONDITION IFICANT CON THE BUT NOT	mode of dyl. It means the characteristics of the coursed dead courses only in the course of the cour	GIVING THE	TING INAL	(A) IMMEDIATE CONTROL OF A	AS A CONSI	QUENCE OF	•	of hea	art and	lungs	
CERTIF			GIVEN IN PA			CH OPERATION W	AS PERFOR	MED				21. AUTO	PSY? (Yes or No)
MEDICAL (UNDERLYING	JSE OF DEA	TRIB- TH. oy) (Yeor)		nome, lorm	E OF INJURY (e.g., , loctory, street, office HOME JURY OCCURRED AT NOT AT W	In or obout bldg., etc.)	602	1 Gre	enspr RY occu	ing Ave	pet locotion)	yes o death
		RE_	aturol caus	lac	Accide	Sulcid	AS	and the	CK Un DICAL EXA DICAL EXA	determin AMINER AMINER	deoth In my sed monner [DATE SIGNED
24, RE	A. BURIAL CREM MOVAL (Specify Burial	ATION. 12	4B. DATE 2-18-7		24C. NA	Lkis, M.D. ME of CEMETERY lto. Nat'l		ORY		cation	(City, town	13/70 o, or county) Mar	(Stote)
	A. DATE REC'D I		EPT.	25B. N	AME OF R	EGISTRAR	25C.	FUNERAL D	DIRECTOR		A	DDRESS	ens Street
12	151-REV. 1/1/68	1/ 500		37		1 63 1 7	1 1 .	(3)					

The state of the s The transfer of the state of th Stant of Exercised 1971 - July 1999 to 1878 of 1878 to 1899 to

	TO 1998 CERTIFICATE OF REALTH PEG NO. 70 1998
E	BIRTH NO. 70 1998 CERTIFICATE OF DEATH REG. NO. 70 1998
1	NAME OF DECEASED
ľ	Mype of Print) ont Gomency Wing's Recure 2-14-70 19:151
1	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived. If institutions residence before admiss
1	2
i	HOSPITAL OR ADDRESS OR LOCATION)
ľ	- Uke and Nunsing Koltimone WATH WOL
ľ	The steet and number
	101501 Dukeland St. Luch Paven UA Hospita
5	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr., If Under 24 Months; Days Hours; Mir
Ŀ	WIDOWED DIVORCED 1/1-23-97
1	OA. USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUN
0	tactory (Charlatte, N.C. U.S.A.
ī	3. FATHER'S NAME
1	5. Was Deceased Ever in U. S. Armed Forces? Il 6. SOCIAL 17. INFORMANT
in	Tes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO.
L	Jes 7/29/18 13/18/217-07-4573 Dullepard 1501 Dullepar
	18. 199.0 CAUSE OF DEATH
ı	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
ı	(A)IMMEDIATE CAUSE (A) CARTOLIC (A) (A)
	heart failure, asthenia, etc. It means the disease.
	injury or camplication which caused death.)
Ш	ANTECEDENT CAUSES (B)
П	DISEASES OR CONDITIONS, if any, giving iso to the above cause (A) stating the
	UNDERLYING CONDITION last. (C)
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A)
AA	DISEASE OR CONDITION GIVEN IN PART 1 (A).
Carielo	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
62.0	
	OP CONTRIBUTING CALLE OF
IL AL	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ME	21D-TIME 1Month (Day) (Yoor) (Hour) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?
1	(APPROX.) While At Work Not While C
	22. 1 certify that (1) (this hospital) attended the deceased from 2-2- 19 20 to 2-14- 19 70
	that (1) (we) last saw the deceased alive on 2-14-19-70 and that In(my) (aur) apinian death accurred an the d
	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Phys. Director Phys. L.
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 1501 Deckeland Street
2	
4	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION ICity, town, or county) (State)
_	Bueial 2/20/20 Balto. Nat'L Cem. Battimore, Maryland
25	SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	FEB 19 1970 Robert E. Jaben 182 - HORTAN ENDUCT F. H. 1701 LAURE
_	\$ 150-REV; 1/1/68

Herpital gave last address as

TIADE C	E OF DEC	CEASED	-	1998	CERTITION	ATE OF DEAT	H REG. NO	
	r Print)	Jo	27176		YRCL	and the same of th	breway 17,	1970, 05.001
3. PLA	CE IN BAL	TIMORE, MA	ARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If i	nstitution: residence before admission
FULL I	NAME OF	(IF NO	TIN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		1911
INSTIT	UTION					C. CITY OR TOWN	D. INS	SIDE CITY MMITS?
2	1			CITY HOS		Baltimore		YES X NO
0				rn Avenu		E. STREET AND NUMB		0.
S. SEX		6. RACE	THOLE,		nd 21224	8. DATE OF BIRTH	ount Street 21	
Mal	0	Monne		WIDOWED	NEVER MARRIED DIVORCED	3-2-01	9. AGE (In years lost birthday)	Manths Doys Haurs Min.
IOA. US	UAL OCCI	Negro UPATION (Giv	e kind of work	108. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State o	68	112 CITIZEN DE 1111
JORE GUI	ing most of	working sile, ex	ren if retired)	TOUR			•	12 CITIZEN OF WHAT COUNTY
	etired						ina, Gastonia	USA
			,			14. MOTHER'S MAIDEN		
	itchel	1 (De				Sally (Dec)	
Yes, no	or unknown)	Of yes, give	war or date	s of servicel	SECURITY NO.	17. INFORMANT	4940 Easte	ADDRESS
No					243-05-0072	BCH Records		Maryland 21224
18.	433	3,4 1			CAUSE OF DEAT	Н	- CT CTHIOT C.	APPROXIMATE INTERVAL
	DISEAS	E OR CON	DITION DIR	ECTLY	Pare	iorner ni	-1-	BETWEEN ONSET AND DEA
lTh	is does n	al mean the	made at	dying, e.g.,	(A) IMMEDIATE CA	USE Cafel	along an	is accele
I nec	iti iqulure.	asthenia, etc plication wh	c. Il means	the diseases	DUE TO, OR AS	A CONSEQUENCE OF:	2	
1		ANTECEDEN		dedin*1	Loff;	to Tolor	Burn	in Brown/
		HILCEDEN			tox cafe t		1 41/1/2000	1/07 13 9982777//
DIS	FASES O	R CONDIT	IONS IL	-1.1.	DUSTION OF AS	A CONSTRUCTION	770000731072	110612018
tise	lo the	R CONDIT	ause (Al	iny, giving slating the	Polt	A CONSEQUENCE OF:	celras acting	Monbino 74
UN	lo lho DERLYING	obove condition	ouse (Al N lost	slating the	(c) Left	A CONSEQUENCE OF:	rebras arting	thrombinis Fy
UN	IO INO DERLYING	CONDITIO	N lost	stoting the	Polt	A CONSEQUENCE OF: Widdle Cla	ulrafactuy +BP	Thrombinis 7 y
OTH TO DISE	IO INO DERLYING ER SIGNIFI THE DEATH EASE OR CO	obove condition of the	itions CON	Stating the	10 Keft	widdle le	utrasaitny +BP	Morphois Fy
OTH TO DISE	IO INO DERLYING ER SIGNIFI THE DEATH EASE OR CO	obove condition of the	itions CON	Stating the STRIBUTING E TERMINAL 1 (A).	Polt	widdle le	chafactury 1 Ro P. 1 No) 208. IF YES, WERE IN CERTIFYING CA	Morphois Fy
OTH TO DISE	ER SIGNIFITHE DEATH	GEANT CONDITION ICANT COND H BUT NOT RI ONDITION GI OPERATION	ITIONS CONTELLATED TO THE VEN IN PART 19B. CONTENTS PERFORMANTELLATED TO THE VEN IN PART 19B. CONTENTS PERFORMANTELLATED TO THE VEN IN PART 19B. CONTENTS PERFORMANTELLATED TO THE VEN IN THE VEN IN THE VEN IN THE VEN IN T	Stoling the STRIBUTING E TERMINAL I (A). STRION FOR WORMED	(c) Keff ASO WHICH OPERATION PLACE OF INJUSTICES	20A. AUTOPSY? (Yes on NO	I No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OTH TO DISSE	ER SIGNIFI THE DEATH ASE OR CO DATE OF	CONDITION CANT COND BUT NOT RI ONDITION GI OPERATION TWAS UNE	ITIONS CONELATED TO THE VEN IN PART 19B. CONE WAS PERFORMED TO THE VEN IN THE	Stoling the STRIBUTING E TERMINAL I (A). STRION FOR WORMED	(c) Keff ASO WHICH OPERATION PLACE OF INJUSTICES	widdle le	0 // 1 0 //	Morphois Fy
OTH TO DISE	ER SIGNIFI THE DEATH ASE OR CO DATE OF ACCIDEN CONTRIBUTH (notify	Obove C CONDITIO CANT COND H BUT NOT RI OPERATION TWAS UNE TING CAL medical exam	ITIONS CONTINUES CONT	SIGNING THE STRIBUTING E TERMINAL 1 (A). SITION FOR WORKED 21 B. home etc.)	VHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes on NO in or about 21C, where Diffice bidg., injury occur	D (If In Boltimar	FINDINGS CONSIDERED USES OF DEATH?
OTHO TO DISE	ER SIGNIFI THE DEATH ASSE OR CO DATE OF ACCIDEN CONTRIBUTH (notify)	CONDITION CANT COND BUT NOT RI ONDITION GI OPERATION TWAS UNE	ITIONS CONTINUES CONT	SIGNING THE STRIBUTING E TERMINAL 1 (A). SITION FOR WORKNED 21 B. home elc. (Hour 21 E.	VHICH OPERATION PLACE OF INJURY (e.g., in any lociny, sheet, or injury) occurred	20A. AUTOPSY? (Yes on NO not about 21C. WHERE DI ffice bidg., INJURY OCCU	0 // 1 0 //	FINDINGS CONSIDERED USES OF DEATH?
OTH TO DISE 19A. 21A. OF I	ER SIGNIFITHE DEATH ASE OR CO. DATE OF ACCIDEN CONTRIBUTH (notify) TIME NJURY PROX.)	Obove of CONDITIO	ITIONS CONCLATED TO THE VEN IN PART IN SERVING SERVING SERVING SERVING SERVING SOY) (Year)	Stating the STRIBUTING E TERMINAL 1 (A). VITON FOR WORMED 21B. hameelc.J (Hous) 21E. Whill	VHICH OPERATION PLACE OF INJURY (e.g., in any loctory, street, or injury occurred le At At Work	20A. AUTOPSY? (Yes on NO nor about 21C. WHERE DI fice bidg., INJURY OCCU	D (If In Boltimar	FINDINGS CONSIDERED USES OF DEATH?
NOTH TO DISE 19A. OR DEA	ER SIGNIFITHE DEATH ASE OR CO DATE OF ACCIDEN CONTRIBUTH (notify) TIME NJURY PROX.)	CONDITION CANT COND H BUT NOT RE OPERATION T WAS UNE TING CAL medical exam (Month) (D	ITIONS CONTENT OF THE PROPERTY	Stating the STRIBUTING E TERMINAL 1 (A). STRION FOR WORMED 21 B., home etc. (Hous) 21 E. Whill Work aftended th	VHICH OPERATION PLACE OF INJURY (e.g., i.e., larm, lociary, sheet, o.e.) INJURY OCCURRED IN Al Work At Work de deceased from	20A. AUTOPSY? (Yes on NO in or about 21C, where Diffice bidg., injury occur 21F. How Did	INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? C City, give exact location?
NOTH TO DISE 19A OR DEA OF I (API	ER SIGNIFITHE DEATH ASE OR CO DATE OF CONTRIBUTH (notify PROX.)	CANT CONDITION CANT COND CANT COND CONDITION OF CONDITION TWAS UNE TIME CAL medical exam (Month) (D that (L) (thi last saw th	ITIONS CONCLATED TO THE PROPERTY OF A CONCLATED TO THE PROPERT	Stating the STRIBUTING E TERMINAL 1 (A). STRIBUTING E TERMINAL 2 (A). STRIBUTING E TERMINAL 2 (A). Whill Work aftended th I alive an	VHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes on NO In or about 21C, where Diffice bidg., INJURY OCCU	INJURY OCCUR? 19 to to that In (mx) (our) api	FINDINGS CONSIDERED USES OF DEATH? C City, give exact location?
OTHER TO DIST	ER SIGNIFITHE DEATH LASE OR CO DATE OF ACCIDEN CONTRIBUTH (notify) TIME PROX.) I certify ((we) haur and	CANT CONDITION CANT COND CANT COND CONDITION OF CONDITION CONDIT	ITIONS CONCLATED TO THE PROPERTY OF A CONCLATED TO THE PROPERT	Stating the STRIBUTING E TERMINAL 1 (A). STRIBUTING E TERMINAL 2 (A). STRIBUTING E TERMINAL 2 (A). Whill Work aftended th I alive an	VHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes on NO In or about 21C, where Diffice bidg., INJURY OCCU	INJURY OCCUR? 19 to to that In (mx) (our) api	FINDINGS CONSIDERED USES OF DEATH?
OTHER TO DIST	ER SIGNIFITHE DEATH ASE OR CO DATE OF CONTRIBUTH (notify PROX.)	CONDITION CANT COND CANT COND CONDITION OF OPERATION TWAS UNE TING CAL medical exan (Month) (D) that (L) (thi last saw the fram the co	ITIONS CON ELATED TO THE VEN IN PART 198. CONE WAS PERF DERLYING 15E OF nined oy) (Year) s hospital) e deceased	Stating the STRIBUTING E TERMINAL 1 (A). STRIBUTING E TERMINAL 2 (A). STRIBUTING E TERMINAL 2 (A). STRIBUTING E TERMINAL 2 (A). Whill Work aftended th I alive an A. ed abave. (A)	VHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes on NO nor about 21C. WHERE DI fifice bidg., INJURY OCCUPATION OF THE PROPERTY OF THE PROPER	INJURY OCCUR? 19 to to that In (mx) (our) api	FINDINGS CONSIDERED USES OF DEATH? C City, give exact location?
NO OTHER DISSESSED OF I (API) 21.A. CONTROL OF I (API) 22. that and 23.A.	ER SIGNIFITHE DEATH ASE OR CO DATE OF ACCIDEN CONTRIBUTH (notify TIME NJURY ROX) I certify (we) haur and	CONDITION CANT COND CANT COND H BUT NOT RE TWAS UNE TIME CAL medical exan (Month) (D that (L)(thi last saw the fram the co	ITIONS CON ELATED TO THE VEN IN PART 198. CONE WAS PERF DERLYING 15E OF nined oy) (Year) s hospital) e deceased	Stating the STRIBUTING E TERMINAL 1 (A). STRIBUTING E TERMINAL 2 (A). STRIBUTING E TERMINAL 2 (A). Whill Work aftended th I alive an	VHICH OPERATION PLACE OF INJURY (e.g., in any loctory, street, or injury occurred to the At Work of the At Wor	20A. AUTOPSY? (Yes on NO nor about 21C. WHERE DI fifice bidg., INJURY OCCUPATION OF THE PROPERTY OF THE PROPER	INJURY OCCUR? 19 7 19 7 10 10 11 11 11 11 11 11 11 11 11 11 11	FINDINGS CONSIDERED USES OF DEATH? TO THE PROPERTY OF THE PRO
NO OTHER DISSESSED OF I (API) 21.A. CONTROL OF I (API) 22. that and 23.A.	ER SIGNIFITHE DEATH ASE OR CO DATE OF ACCIDEN CONTRIBUTH (notify TIME NJURY ROX) I certify (we) haur and	CONDITION CANT COND CANT COND H BUT NOT RE TWAS UNE TIME CAL medical exan (Month) (D that (L)(thi last saw the fram the co	ITIONS CON ELATED TO THE VEN IN PART 198. CONE WAS PERF DERLYING 155 OF nined oy) (Year) s hospital) e deceased	Stating the STRIBUTING E TERMINAL 1 (A). STRIBUTING E TERMINAL 2 (A). STRIBUTING E TERMINAL 2 (A). STRIBUTING E TERMINAL 2 (A). Whill Work aftended th I alive an A. ed abave. (A)	VHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes on NO nor about 21C, WHERE DI ffice bidg., INJURY OCCU.) 21F. HOW DID 21F. HOW did and the bidgy after dealers and many med. Med. Director	injury occur? Injury occur? 19 20 to 700 I that in my (our) apl: th. Stoff Drys.	FINDINGS CONSIDERED USES OF DEATH? THE CHY, give exact location? 19 19 10 10 123B. DATE SIGNED February 17, 19
NO OTHER DISSESSED OF I (API) 21.A. CONTROL OF I (API) 22. that and 23.A.	ER SIGNIFITHE DEATH ASE OR CO DATE OF ACCIDEN CONTRIBUTH (notify TIME PROX.) I certify (we) haur and SIGNATUR PHYSICIAN NAME (Ty)	CONDITION OF CONDITION OF CONDITION OF CAL medical exam (Month) (D) that (1) (thi last saw the fram the condition of CAL medical example)	ITIONS CONTINUES	Stating the STRIBUTING E TERMINAL 1 [A]. STRIBUTING E TERMINAL 2 [A] ST	VHICH OPERATION PLACE OF INJURY (e.g., is, larm, loctory, street, or injury occurred le At At Work (We) (did) (did not) where deceased from the occurrence of the occurrence	20A. AUTOPSY? (Yes on NO nor about 21C. WHERE DI fifice bidg., INJURY OCCUPATION OF THE PROPERTY OF THE PROPER	injury occur? 19 20 to 700 19 that in (my) (our) api th. Stoff Phys. 40 Eastern Ave	FINDINGS CONSIDERED USES OF DEATH? TO THE STATE SIGNED TELLY USES OF TELLY IF TELLY USES OF TELLY USES OF TELLY IF TELLY USES OF TELLY USES
NO OTHER DISSESSES OF I (APPL) and 23A.	ER SIGNIFIT THE DEATH ASE OR CO DATE OF DATE OF THE CONTRIBUTE OF	CONDITION CANT COND CANT COND CONDITION OF CONDITION O	ITIONS CONELATED TO THE VEN IN PART 198. CONEWAS PERFORMAN (Year) (Year) Shospital) e deceased auses state	Stating the STRIBUTING E TERMINAL 1 (A). STRIBUTING E TERMINAL 1	VHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes on NO nor about 21C. WHERE DI ffice bidg., INJURY OCCUPATION OF THE STATE OF	injury occur? 19 20 to Total d that in (my) (our) aplith. Stoff Phys. 40 Eastern Ave	FINDINGS CONSIDERED USES OF DEATH? TO THE SIGNED TELLY WAY 17, 19 The control of the date of the date of the course of the date of the course of the date of the course of the date of the date of the course of
NO OTHER TO STATE OF A CAPE OF A CAP	ER SIGNIFITHE DEATH ASE OR CO DATE OF CO DAT	CONDITION CANT COND CANT COND CANT COND CONDITION	ITIONS CONCLATED TO THE PROPERTY OF THE PROPER	Stating the STRIBUTING E TERMINAL 1 (A). Whill Work aftended th I alive an I ad abave. (A) Proceed A, M.D. 24C.NA	VHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes on NO nor about) 21C. WHERE DI ffice bidg., INJURY OCCUPATION OF THE BOTTOM OF TH	injury occury injury occury 19 2 to 100 it that in (mx) (our) aplith. Shoff Phys. 40 Eastern Ave 1 timore, Mary] Location (Cit	FINDINGS CONSIDERED USES OF DEATH? TO THE SIGNED THE
NO OTHER TOP IN THE PROPERTY OF I CAPPE AND A SULP REFERENCE O	ER SIGNIFIT THE DEATH ASE OR CO DATE OF DATE OF THE CONTRIBUTH (notify PROX.) I certify (we) hour and SIGNATUS PHYSICIAN NAME (Type Contribution of the Contribution	CONDITION CANT COND CANT COND CANT COND CONDITION	ITIONS CONCLATED TO THE PROPERTY OF THE PROPER	Stating the STRIBUTING E TERMINAL 1 (A). Whill Work aftended th I alive an I ad abave. (A) Proceed A, M.D. 24C.NA	VHICH OPERATION PLACE OF INJURY (e.g., i.e., larm, loctory, sheet, o.e., larm, larm, loctory, sheet, o.e., larm, la	20A. AUTOPSY? (Yes on NO nor about) 21C. WHERE DI ffice bidg., INJURY OCCUPATION OF THE BOTTOM OF TH	INJURY OCCUR? INJURY OCCUR? 19 20 to 700 It that In (mx) (our) apl: th. Stoff Phys. 40 Eastern Ave Itimore, Maryl C. Location (Cit Baltimore,	FINDINGS CONSIDERED USES OF DEATH? TO THE SIGNED TELLY WAY 17, 19 The control of the date of the date of the course of the date of the course of the date of the course of the date of the date of the course of

n s , n is sant sant san Kara

	hospital use of d ; (5) Dece dance on death.	1 d d 1 0 0
	in a range cause attention to	
	ributii ributii rined ular ular	5
	controcal contro	d
	ct or ct or or or ct or ct or vas i	1:
RTANT	the direkind; (4) death vence on thind disp	12 (Y
IMPO	or his as Also, if re of any nounced attenda	
FUNERAL DIRECTOR: IMPORTANT	this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dihows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Boce was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on leach); and (6) No physician was in regular attendance on the deceased prior to death. Written approval must be obtained before the remains are embalmed or final disposition is made.	
NERAL I	thief medical medical medical medical sody burns the physical was the rema	TIFICATION
3	hospital by ature; (2) Ipt where (6) No ph) ined before	MEDICAL CERTIFICATION
•	approved to the lift (any nill (excell); and se obta	
	sleased cident o hospita to death	
	this certificate mu the body was rele- shows: (1) An accid was D.O.A. at a ho deceased prior to written approval n	24
	this ce the book thows: vas D. leceas	25.

4-4001	BALTIMORE CITY HEALTH DEPARTMENT
TERRE	BIRTH NO. 70 2000 CERTIFICATE OF DEATH REG. NO. 70 2000
and ase th th	1. NAME OF DECEASED
pital a of dea Deceas e on t	JAMES DAVID HILL February 16, 1970
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where daceased lived, Il institution: residence before admission B. COUNTY
hos Jse (5) and dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND MARYLAND C. CITY OR TOWN
a he causs (4	DALTIMODE
ed in a ring cause; d cause; r attend prior to	BALTIMORE YES NO
-	3408 W. Mulberry Street 3408 W. Mulberry Street
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours 1) Under 1 Yr 15 Hader 24 Ha
0 = = 0 0 0	Male Negro WIDOWED DIVORCED 4-8-1930 Months Doys Hours Min.
th co	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loraign country) 12. CITIZEN OF WHAT COUNTI
deat Cundeat as in	Carpenter Baltimore, Maryland U.S.A.
f d wa wa	13. FATHER'S NAME
NT Int if deat direct or J; (4) Unde th was ir on the de dispositio	James Hill Lydia Hill
TAN istant the di kind; death ce on naf di	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotas of servica) 16. SOCIAL SECURITY NO.
DRTAN assistant if the di by kind; of death ance on	Yes 8/19/50 12/4/50 217-22-4197 Mrs. Maggie Hill 3408 W. Mulberry Street
S E S P O	18.4/1,9 41571 CAUSE OF DEATH APPROXIMATE INTERVAL
IMP or his Also, e of a lounc med	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION DIRECTLY A CONTE PRYOCE AND IZE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
0 7 5 5 6 5	(This does not mean the mode of duing as (A) IMMEDIATE CAUSE
Ner oner of the control of the contr	heart tailure, osthenia, etc. It means the disease, injury or complication which caused death.)
TO Trining of the state of the	ANTECEDENT CAUSES
RECTOR: examiner. 3) A fracture on who pro	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
AL D nedical odical vurns; yssicio n was emair	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING LOCAL CIVILOSUS Ser Years TO THE DEATH BUT NOT RELATED TO THE TERMINAL LOCAL CIVILOSUS SERVICES
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 120A. AUTOPSY? (Yes of No.) 20B. IF YES WERE SINDINGS CONSIDERED.
FUNER ne chief by a n 2) Body re the p physicic fore the	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltmore City, also every least or other places of the control
Figure 1. (2) No please of before	DEATH (notify medical exominer) (etc.)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
recoved he hos y natu xcept and (6)	(APPROX.) While At Not While At Work
ob day was	22. I certify that (I) (this hospital) attended the deceased fram Dec 19 68 to Dec 19 69
0 0 0 0	that (1) (we) last saw the deceased alive an 24 Dec 19 69 and that In(my) (aur) apinian death accurred on the det
	and have and from the causes stated abave. (1) (We) (dld) (dld not) view the body after death.
ust be dent dent iospit deat must	238, DATE SIGNED
E C C C C C C C C C C C C C C C C C C C	Strat A 13 rage, MD Attending Med. Stoff Director Phys. 17 FE 6 70
was r An a L at a prior	NAME (Type)
May 1 May 1	STUART H BRAGER, MD 101 E BIDDLE ST BALTIMORE M
Si (1)	24A. BURIAL CREMATION, REMOVAL (Specily) Burial 2-21-70 Mount Auburn Cemetery Burial 2-21-70 Mount Auburn Cemetery Baltimore Maryland
143.01	
This the I show was dece	25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MORTON & DYETT F.H. 1701 Laurens Street
Li Li	VS 150-REV, 1/1/68